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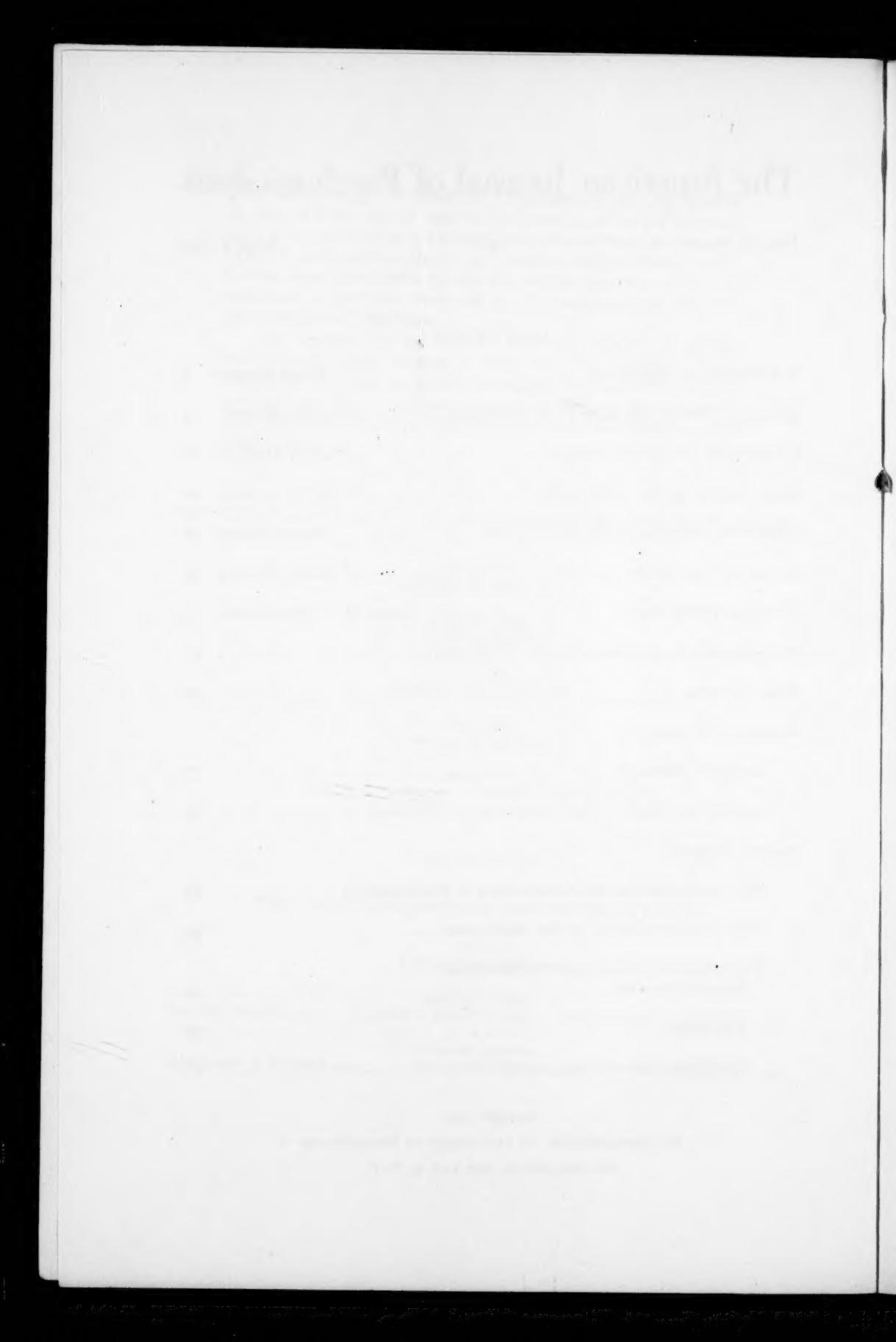
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A MORALITY OF EVOLUTION

KAREN HORNEY*

THE NEUROTIC PROCESS is a special form of human development, and, because of the waste of constructive energies which it involves, is a particularly unfortunate one. It is not only different in quality from healthy human growth, but, to a greater extent than we have realized, antithetical to it in many ways. Under favorable conditions, man's energies are put into the realization of his own potentialities. Such a development is far from uniform. According to his particular temperament, faculties, propensities, and the conditions of his earlier and later life, he may become softer or harder; more cautious or more trusting; more or less self-reliant; more contemplative or more outgoing—and he may develop his special gifts. But wherever his course takes him, it will be *his* given potentialities which he develops.

Under inner stress, however, a person may become alienated from his real self. He will then shift the major part of his energies to the task of molding himself, by a rigid system of inner dictates, into a being of absolute perfection. For nothing short of godlike perfection can fulfill his idealized image of himself and satisfy his pride in the exalted attributes which (so he feels) he has, could have, or should have.

The trend in neurotic development (which is presented in detail in this book) engages our attention over and beyond the clinical or theoretical interest in pathological phenomena. For it involves a fundamental problem of morality: that of man's

desire, drive or religious obligation to attain perfection. No serious student concerned with man's development will doubt the undesirability of pride or arrogance, or that of the drive for perfection when pride is the motivating force. But there is a wide divergence of opinion about the desirability or necessity of a disciplinary inner control system for the sake of insuring moral conduct. Granted that these inner dictates have a cramping effect upon man's spontaneity, should we not, in accordance with the Christian injunction ("Be ye perfect . . ."), strive for perfection? Would it not be hazardous, indeed ruinous, to man's moral and social life to dispense with such dictates?

This is not the place to discuss the many ways in which this question has been raised and answered throughout human history, nor am I equipped to do so. I merely want to point out that one of the essential factors upon which the answer hinges is the quality of our belief about human nature.

Broadly speaking, there are three major concepts of the goal of morality which rest upon these different interpretations of essential human nature. Superimposed checks and controls cannot be relinquished by anyone who believes—in whatever terms—that man is by nature sinful or ridden by primitive instincts. (Freud). The goal of morality must then be the taming or overcoming of the *status naturae* and not its development.

*Introduction to *Neurosis and Human Growth*. Printed by permission of the publishers, W. W. Norton & Co., New York.

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The goal must be different for those who believe that there is inherent in human nature both something essentially "good" and something "bad," sinful or destructive. It will center upon the insurance of the eventual victory of the inherent good, as refined, directed or reinforced by such elements as faith, reason, will or grace—in accordance with the particular dominating religious or ethical concept. Here the emphasis is not exclusively upon combatting and suppressing evil, since there is also a positive program. Yet the positive program rests upon either supernatural aids of some sort or upon a strenuous ideal of reason or will, which in itself suggests the use of prohibitive and checking inner dictates.

Lastly, the problem of morality is again different when we believe that inherent in man are evolutionary constructive forces, which urge him to realize his given potentialities. This belief does not mean that man is essentially good—which would presuppose a given knowledge of what is good or bad. It means that man by his very nature and of his own accord strives toward self-realization, and that his set of values evolves from such striving. Apparently he cannot, for example, develop his full human potentials unless he is truthful to himself; unless he is active and productive; unless he relates himself to others in the spirit of mutuality. Apparently he cannot grow if he indulges in a "dark idolatry of self" and consistently attributes all his own shortcomings to the deficiencies of others. He can grow, in the true sense, only if he assumes responsibility for himself.

We arrive thus at a *morality of evolution*, in which the criterion for what we cultivate or reject in ourselves lies in the ques-

tion: is a particular attitude or drive inducive or obstructive to my human growth? As the frequency of neuroses shows, all kinds of pressure can easily divert our constructive energies into unconstructive or destructive channels. But, with such a belief in an autonomous striving toward self-realization, we do not need an inner straitjacket with which to shackle our spontaneity, nor the whip of inner dictates to drive us into perfection. There is no doubt that such disciplinary methods can succeed in suppressing undesirable factors, but there is also no doubt that they are injurious to our growth. We do not need them because we see a better possibility of dealing with destructive forces in ourselves: that of actually *outgrowing* them. The way toward this goal is an ever-increasing awareness and understanding of ourselves. Self-knowledge, then, is not an aim in itself, but a means of liberating the forces of spontaneous growth.

In this sense, to work at ourselves becomes not only the prime moral obligation, but at the same time, in a very real sense, the prime moral *privilege*. To the extent that we take our growth seriously, it will be because of our own desire to do so. And as we lose the neurotic obsession with self, as we become free to grow ourselves, we also free ourselves to love and to feel concern for other people. We will then want to give them the opportunity for unhampered growth when they are young, and to help them in whatever way possible to find and realize themselves when they are blocked in their development. At any rate, whether for ourselves or for others, the ideal is the liberation and cultivation of the forces which lead to self-realization.

CHARACTER DEVELOPMENT IN YOUNG CHILDREN

NORMAN KELMAN *

ALL PSYCHOANALYTIC THEORY recognizes the fundamental influence of early life experiences as the genetic basis of character development. With Horney's recent formulation of the Real Self, it is evident that the great damage done the child in these early years is the warping or dismantlement of his essential core—of his anchorage and base of operation—and the erection of a neurotic superstructure and a false image of Self.¹

This paper will attempt to focus on two basic questions: 1) What are the essentials in the atmosphere of the interpersonal relations surrounding the child, which assist growth in a constructive direction?

2) What are the essentials in the nature of the child in the early months and years which make his growing so dependent on the outside?

In another paper² I suggested that it was important for the analyst to be close to his own middle so that he might utilize all his resources in treating the patient. The same factor obtains for a person observing children. Without it, our tendency is to observe some aspects of the child while overlooking others, thus missing his wholeness. Furthermore, if we have the tendency to need final

answers, we may take one instrument such as our projective tests, and draw premature, incomplete conclusions. Or, if our theory is a limited one—e.g. a mechanical behaviouristic orientation—we may be able to make a great many observations, yet fail to get a picture of the whole child and his essence.

How does one view the whole child? The answer to this can only be approximated. But, let us start by saying that a whole view of a person is dependent upon our ability to use our whole selves—our eyes, our ears, our hands, our knowledge, our feelings, our intuition, and our faculty for savoring and heeding these less precise, but valuable, capacities. There is nothing occult in the use of intuition, and one can on careful examination break down and analyze many of the component impressions gained by an intuitive evaluation. But a factor which can only be experienced is the capacity to integrate and create a whole impression from many parts. An element of this, and one more readily stated, is recognition of the real meaning of growing and of life, recognition that every person has had a yesterday, has a today, and will have a tomorrow. He is being and becoming, and growing. And at any given mo-

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¹ Horney, *Neurosis and Human Growth*, W. W. Norton & Co., 1950.

² N. Kelman, Child Analysis and Horney Theory, *Am. J. of Psychoanal.* Vol. IX, 1949.

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ment, he shows first one, then another aspect of his wholeness. It is this which makes any quest for a full understanding of a person's nature so difficult, yet so fascinating and rewarding. Certainly, it is fundamental to the student of human development, and for the understanding of the important, formative, interpersonal relations of the child with his parents.

PERSONAL AND FUNCTIONAL RELATIONS

The generalization has been made that the child needs an atmosphere of love, affection, warmth, and security in which to develop. In his discussion of human relationships, John MacMurray distinguishes the functional from the personal.³ The personal relation is one which has no purpose beyond itself. It is one whose value comes from the joy each partner takes in the other because each contributed his whole self to it. A functional relationship, on the other hand, is one which has a purpose other than personal. It exists between the doctor and the patient, between members of an organization. Such a relationship may have more or less personal aspects and be a valuable human association. When neurotic values are involved, however, an apparently personal relation may have many ulterior purposes, none of which move the relationship in a constructive direction.

In the child-parent relationship, the atmosphere is healthiest where it is most personal. Moreover, the closer the personal relationship between the parents, the greater is the likelihood of sound growth. Too often, unfortunately, this is not the case, and what seems to be a very personal relation turns out to be merely a functional one. In these situations, the child's parts, or his functions, receive more attention than his whole being. True enough, the functions of eating and eliminating are prominent in the infant, but all too frequently they become the consuming passion of the parents. What are we out for? As parents, do we want a child who is toilet trained before the Jones baby? A child who does not waken when once tucked away? A fine baby diary and photo

album? Or are we out for an alive, curious, seeking, exploring, whole child, whose spontaneity is a value, whose knowledge is given its place, whose face may be dirty but is wreathed by a broad grin, whose knees may be scraped but who discovered for himself what was lurking behind the sofa? It does a child little good if his first step is the signal for a photograph, but not for freedom to use this new capacity for his own purposes. If people around a child commandeer him into serving their needs, he will soon be a mere bundle of parts, with little desire for self-realization.

The observations of Renée Spitz⁴ and of Margaret Ribble⁵ show extreme cases of the attending only to the basic, physical needs of the child. Children studied by Spitz in foundling homes, where human contact was minimal, gave striking evidence of lessened vitality and psychopathology. They were extremely susceptible to infection and suffered an exceedingly high mortality rate in the contagious diseases. Walking, talking, and physical agility were retarded, and emotional reactivity ranged from apathy to violent anxiety. Even in less stark environments, the extent to which an infant's wholeness is subordinated to concern for part functions will effect, in equal degree, a dampening of his essential aliveness.

THE GROWING PROCESS

Now I should like to turn to the second basic question regarding the essentials in the nature of the child which make his growing so dependent on the outside. Growing is a process of integrating increasing capacities, functions and experiences in the direction of self-realization. Dr. Marie Rasey says that growing is the process of becoming more perfectly what one already is.⁶ The real self is not a substance which a person has more or less of, but that part of a person which can and wants to grow. In these terms, the child has not less *selfness* than an adult, but he has less richness and variety, which affects the quality of

⁴ Spitz in *The Psychoanalytic Study of the Child*, I, 1945, edited by Anna Freud.

⁵ Ribble, *The Rights of Infants*, Columbia University Press, 1943.

⁶ Rasey, personal communication.

³ MacMurray, *Reason and Emotion*, Faber & Faber, 1935, p. 93.

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his integrating. Experiences which cause wide fluctuations in the physiology and behavior of the young child barely disturb the integrating of an older person. Slight variations in nutrition may alter the stool, the onset of dentition may provoke restlessness, or delay in feeding may prompt loud, vociferous crying and a marked increase in bodily tension.

As the child grows, he adds to his equipment in two important ways. He increases his potentialities for experiencing and for reacting and he increases the effectiveness of what is perhaps man's most distinctive possession—his mind. With it, he learns to retain experience, and add the dimension of time to life. In our terms, he has more possibilities for actualizing, more resources for attempts at a solution of tension.

Let me state in another way. The infant has the following possibilities for acting on his own behalf: he may cry or make body movements which are attention-getting. His responses to needs which are not satisfied take the form of intestinal tract upsets, diarrhea, vomiting, etc., or crying or withdrawal. The consequence of an environment hostile to his needs is a diminished vitality and a narrowing of his possibilities to the point of somnolence, marasmus, hospitalism.

The somewhat older infant begins to distinguish people. He is thus able to differentiate those who satisfy his needs from those who do not. Thus, the infant who is nursed will become quiet when taken up by the mother, not by the father. He will start to suck with mother. If he has an intense need, however, his discrimination may fail him and sucking may begin with whomever takes him up.

Later, as the child develops motility, he is able not only to crawl toward the need-satisfier, but to utilize other capacities. But when the need is overwhelming, he may lose the use of that new faculty for acting on his own behalf.

Here is a further illustration. An 18-month-old child is able to grasp, walk, call—in short, to use many parts of himself in the service of his whole self. If a toy is taken from him, he can reach for it or move toward it and regain possession. If

the toy is of great value, removed frequently, or removed in anger, the child may lose the ability to manage with only a part of himself. He lunges at any toy. He starts to howl. His response is total, if less organized and probably less effective than if the part were used. His energy expenditure is far greater.

Real Selfness, considered as an organizing principle, operates in an organism, not a machine. It operates with part functions, which may not yet be entirely at the service of the child, in the process of making a whole response. While his resources are slender, his experience slight and his central core of self not yet solidified, the child may err, overshoot his mark, be retarded in his movement; in short, be temporarily disorganized.

Take, for instance, Tommy, aged five. He came into the play room, at the same time beginning to take off his snowsuit. He spied the block building he had constructed in the previous hour and which he had wanted—in this case, needed, as well—to remain intact. Another child had appropriated several blocks from it, leaving it easily repairable but not as it had been. A puzzled look came over Tommy's face. He left off undressing, trudged pensively over to the house with the pants hobbling his legs, and sat down heavily. He questioned me, and I indicated that everyone had a right to the blocks during his own hour. I pointed out that repairs could be made. He seemed muddled. He reached abstractly for the house, clumsily damaged it even more, then more. Presently, in a burst, he started to build another building. He feverishly grabbed blocks from the old structure, expressing a lot of violence, yet at the same time constructing. Now the vague, abstracted look changed to one of eager and earnest work. He looked toward me and began to talk about the new building. Accepting a suggestion, he said, "Two heads are better than one, sometimes." Here was temporary disorganization, followed by reintegration, in a situation with a constructive direction. But within it were retarding moves, and the whole process took time.

One usually thinks of a child growing toward some goal and becoming in matu-

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rity a young man or a young lady. Without question, the history of each individual moves chronologically towards, and through, phases which we call infancy, childhood, adolescence and adulthood. If we examine this notion, we find all too often, that adult or artificial norms are applied to the child. An example of this may be seen in child-parent relations in families having more than one child. Here, a seven-year old, with a sibling of three, four, or five, is given responsibility not commensurate with his age, but with his position as "the eldest." The opposite of this is to assume that "he is a child, so one mustn't expect too much."

EVALUATING THE WHOLE CHILD

I should like to submit a somewhat different formulation for the evaluation of children's behavior: *The child must be observed in terms of the extent to which he is able to utilize the possibilities he has available to him at a given age for the purpose of realizing himself.* One example of this would be the three-month old infant who whimpers, or merely moves restlessly, in response to hunger needs, instead of yelling lustily. Or, another illustration of a more complex nature is a youngster of nineteen months. Playing in the park, he found a tricycle not in use and proceeded to mount it. Sometime later, the owner, aged four, claimed it. To the nineteen-month old, this was an intrusion on his freedom. There were mild to moderate remonstrances from each child and then the four-year old grabbed the other by the neck from behind in an effort to pull him off the tricycle. At this point, the younger one brought his teeth into action and won the battle. In this situation there were several courses of action open to the nineteen-month old. He might have made a healthy, tactical retreat, thrown an unhealthy, non-constructive tantrum, or run to his mother. What he did decide to do was to use his only available resource—his teeth—constructively to gain his end. Under the conditions, this was quite rational behavior.

An evaluation of either of the two children, however, cannot be based on this one situation. *It is essential that the wholeness*

of the child be considered. If, for example, the nineteen-month-old child resorts to biting in other, less stirring, circumstances; if while enjoying free use of hands and legs, he makes his first approach with his teeth, or if he is constantly getting into scrapes with his contemporaries, his performance is then open to other interpretations. We must broaden our evaluation to include much other behaviour. Does he bite more or less frequently? Does he have eating difficulties? Does he rebel against all limitations? Is there a quality of compulsive, consuming aggressiveness in him or a quality of alertness and curiosity? In a word, the child's wholeness—in time and circumstance—must be part of any evaluation.

Now, suppose the situation were reversed. The four-year old bites the nineteen-month old. We would have to make the same survey to ascertain the elder child's personality. But we would also tend to label the performance pathological. We would feel it to be abnormal for the reason that at four the child has many other possibilities for achieving a constructive solution. He can make an appeal to the judgment of others. He can bide his time or, he can use his strength more effectively to gain his ends. It is not possible to say when one mode of action is within normal limits and when it becomes pathology. It is only possible to make an approximation of a healthy child by taking the broad view I speak of.

NEEDING AND WANTING

During the early months of an infant's life, the most appropriate formulation of his motivation seems to be in terms of "needs" for satisfaction of a physical or physiological nature. Psychological factors from the outside also play a part. Later, as the months go by, there seems to enter the possibility of a different formulation. Need becomes synthesized with wanting. And wanting implies that choice is entering as a quality of the child. At first one can speak of the choices as the child is observed moving toward one toy or another, or responding differently to people. Then it seems appropriate to speak of "I want" and "I need." The formulation is still a simple one, and the moves of the child are still

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fairly simple to conceptualize. In our language, we can speak of him in terms of his basic moves as aggressive, compliant, withdrawn.

During this time, however, there is an enrichment of experience, a developing of inner resources, an exploring and testing of the outside. Each new experience engenders another vista. The child is constantly asking questions with his eyes, his hands, his total movements. And as each new physical component develops, as his grasping, his crawling, standing, and walking become available to him, new avenues are opening. All of this, of course, requires an atmosphere of freedom to choose and to explore.

According to Gesell,⁷ two-and-a-half is the age when the spanking curve goes up. By this he indicates an important fact: the child, if given a reasonably fortuitous beginning, often starts at this point to assert himself. And often, the stand he takes is at odds with values set by his parents. This results in the increased spanking and punishing. What this does to the child's feeling of worthiness and self is evident. There is a consequent increase in safety-seeking moves, in compulsive drives, and anxiety.

This condition in the child appears to be a more open expression of something whose beginnings may be seen about a year earlier. At eighteen months, or shortly thereafter, children who have given no evident signs of disturbance very frequently run into sleeping difficulties. The onset of this disturbance varies widely, but seems likely to occur earlier in children whose freedom has been respected than in those who have been routinized. The child begins to have difficulty in getting to sleep or, after many months of sleeping uninterrupted, he may waken during the night. At such times he may awaken with a cry, and act bewildered and confused. The awakening may be followed by calling for a parent, or, if this is possible, by clambering out of his crib and going to his parents' bed. Usually he is readily soothed and relieved by the closeness of the parent. Often he requires words, a look at the stars

or some other familiar object, as well. This may be considered distracting the child, but in combination these factors all add up to something solid, secure and familiar.

I want to distinguish this condition from night terror—*pavor nocturnus*—which is qualitatively quite different and certainly a much more intense demonstration of anxiety. There the child is paralyzed by anxiety. He sits in his crib, fists clenched, eyes staring, screaming with all his might. And, unlike the first child, his anxiety is not directed toward the constructive end of calling for a parent, or the even more constructive action of leaving his bed and moving toward familiar ground.

Quite regularly in the histories of somewhat older children, between seven and ten, one finds the comments: "He was all right until the age of two-and-a-half. He walked and talked at the proper time but then we began to have trouble."

It is important to recall that this is the age when, in Freudian theory, the Oedipus Situation becomes paramount in the child's development. Whatever the theoretical formulation, there are some clinical facts to support the contention that something of a disturbing nature does occur.

One child I observed between the onset of the sleeping disturbance and the age of twenty-five months experienced the typical restlessness at bed times. Sleep came only with a song or the presence of a parent in the room. After five or seven hours, the child awoke, either to call or to go to the parents' bed. This continued for about four months. There were times when he could sleep only by beginning the night in the parents' bed. Throughout the period his wishes were respected. No issue was made of the awakening or the insistence on changing his bed. Gradually, the disturbances modified and disappeared. The process involved occasional requests to be put back in his bed, occasional restless turnings, an expressed need to urinate and then the return to sleep.

With another child this same problem arose at twenty months and continued over a much longer period of time. The efforts made here were varied. There were rather mechanical attempts to soothe the child and quick impatience when the de-

⁷ Gesell, *Infant and Child in the Culture of Today*, Harper and Brothers, 1943.

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sired quieting did not take place fast enough. The child was reasoned and bargained with. The stuff for sale was affection. Finally, the parents tried letting him "cry himself out." The difficulty subsided in time, but the consequence was a marked diminution in aliveness, more frequent colds and illness, a tendency to withdraw, and marked shyness.

"NATURAL ANXIETY"

I should like to offer the following interpretation of this period in which the child tends to show marked unrest, apparently deficient integratingness and a tendency toward what I would call "natural anxiety."

The development in this period, of course, is based on the earliest period of infancy. If that has been a crushing experience, it is likely that the unrest of the phase beginning at about eighteen months will be different, and possibly much milder. Further, it seems to me that the more optimal the earlier months, the sooner will the restless period begin for essentially it is a very alive searching for a firm foundation, requiring all available energy. It is exceedingly important that this period be understood and dealt with, because less than optimal handling is reflected morbidly in the child's subsequent aliveness, joy, and vitality.

During this time, the child's physiological changes continue, but an entirely new capacity develops which adds another dimension to the individual's personality. I refer here to the development of language, employment of symbols for communication, manipulation, and thinking, which involves use of the mind. And, as with each new possibility, new vistas are opened, new experiences are available, and new dangers are encountered. The elements of time, retentiveness and ideal formation become part of the child's armamentarium. This new modality also takes him into the world to a far greater extent, and increases the richness and depth of his Real Self. Such a transition is not a simple one, not one made smoothly.

In a way, this period has its prototype in the Biblical story of Genesis. When Eve was tempted by the serpent, she utilized

the human interest in freedom and curiosity and exploration to gain further experience. The early innocence and dependence was lost, but knowledge and the chance to make a life for one's self out of one's own creative possibilities was gained.

We can view the implications of this addition to the child's resources interpersonally and intrapsychically. In the latter sense, he begins by symbolizing, to be able to develop concepts. He starts to deal with things in terms of their essence. As an illustration, a child of six to eighteen months will use a book, variously, as a missile, a train, a table, to chew on or try out his new interest in tearing. Later, the book suffices less for such things, and its essential purpose is recognized. The pictures are to look at or for Mommy to explain. Beyond that, it becomes something for the child himself to pore over and to "read."

This development is also seen if one follows serially, over several years, the painting of a child. Here one notes first a messing around with the paint. Brush, hands, and arms are used. No limit to the paper is recognized. In time the limits become apparent but color expression continues. Gradually, forms enter which the child seems not to have conceived of at the outset. He may suddenly find a flower, a house or a sun, and his ecstatic remark indicates a revelation rather than an accomplished goal. There is, in a sense, the expression of inner activity, body movement, the rhythm and feeling of a feeling person. Somewhere between four and five, he may begin with more planning. There is less free activity and more concern for form—an indication that the child has a conception which he is trying to realize. In times of stress, he may return in part to the earlier type of work, with emphasis less on form, or "realistic," representation, and more on the feeling qualities. This, incidentally, marks a change from the more complete idea/feeling, concept/percept approach, to a less integrated, or partial, notion.

The possibility for dreaming seems to develop at about this period, too. Behaviour while awake shows many indications of problem-posing and solving. Alternatives are considered. Normal conflict seems evident. Clinically, during sleep, there is usu-

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ally an increase in body movement, a likely indication of intra-psychic activity. This has been cited by Dr. Harold Kelman in his unpublished lectures on dreaming. Further evidence of disturbing intra-psychic activity may be seen in the following.

A little child of two awakens, obviously upset. After he has relaxed and calmed down somewhat, he begins to talk ruefully about his elder brother. He asks, "Where is Danny? Danny sleeping?" A little later, he says, "Danny bumped me." During the previous day, Danny had indeed bumped him, as the two-year old tried his skill at his brother's favorite puzzle.

It seems likely that the intra-psychic activity in this period results in anxiety which the child is as yet incapable of facing, or solving, in the dream. His awakening is a consequence. But on awakening, with the felt anxiety, an additional factor enters. This is a child who has entered sleep reluctantly, holding on to the necessary anchorage of his relationship with the known and the familiar. In this, he is like the child who is put to sleep by his mother, or nurse, and wakes calling for her. It is as though he has taken leave of safety, and under the stress of anxiety, reaches back for that point. Not finding it, increased anxiety ensues.

Here is a young child able, during waking hours, to speak and act in terms of "This is mine. That is not mine." He wants his spoon and knows which belongs to his brother. He errs sometimes, but he rights himself. Then he awakens to a dark room, without bearings, possibly filled with dream symbols. Awakened thus, he is without an anchorage, and yet he has an inadequate base in himself. His pristine state of simple biological reactivity has had another dimension added, giving him greater opportunity for integrating with his world, but it is a double-edged weapon. It adds to his inner activity, and it gives him a daytime frame of reference which is markedly different from his darkness framework. Earlier, he has awakened to hunger disturbances. These diminish and he sleeps through the night. Then his psychic inner life begins to stir. The first period brought the hunger cry. The second brings the need for feeling safe in familiar territory.

Another consequence of this developing mind seems to be the conceptualizing and symbolizing of the self. Here it is not *selfness* in the sense of a dynamic, organizing principle, but a more or less concrete, objectified notion of the self. Watch a two-year-old who has been permitted the experience of answering the telephone rush to it when it rings. Pell mell he goes, shouting, "I do it!" In his eyes there is an expectant gleam, as though he is seeing the whole action before him as an image and is hurrying to make reality catch up with it. Or, watch him as he pulls his chair around to "Daddy's place" at the dinner table, or stamps around in outsized house slippers. He is overshooting his mark, but he is trying things out, seemingly in terms of a notion about himself.

THE ABILITY TO ABSTRACT

There is one more consequence of the child's thinking I should like to mention here. That is his dawning ability to abstract, to universalize out of the particulars around him. He, like the rest of us, lives in a world of particulars. But, unlike the older person, his generalizer is not solid and his particularizer is not fully integrated into his wholeness. The healthy adult is able to know that patience is a virtue, but at the same time he can see that impatience in certain circumstances is not necessarily an evil. The child cannot do this so readily. Incidentally, this is the time when the inconsistency and hypocrisy of parents is especially disturbing. The child who is trying to draw general conclusions finds himself experiencing vagaries which would baffle an even more experienced observer.

The most important generalizations the child makes concern himself. Acting on these terms, he is bound to sustain a number of bumps. In his mind he sets up purposes and tries to realize them. For the healthy child these have the quality of constructive goals and ideals. Even when they are unattainable, failure to achieve them is not devastating. Interpersonally, however, there may be much turbulence. If the child uses a word to communicate a wish to his parents and is not understood, much is at stake. After a few attempts to make himself clear, he may say, construc-

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tively, "Johnny show you," and run to fetch, or point out, the object himself. But, confronted by an unheeding parent, the expressed wish may become a demand, heated by frustration of the new skill and a scene may ensue. It is equally apparent that over-stepping the bounds and the disturbance of sleep have their interpersonal elements.

INDIVIDUAL AND GROUP ACTIVITY

A more constructive aspect of this child's development is seen in children's play activity. Gesell has spoken of the child's development from parallel play to social or group play.⁸ Observations in nursery schools bear this out. Its beginning can be seen even earlier. The first relationship is to things such as toys. Two children, or a child and an adult, can be in the same room, each with his own activity. Often, the first togetherness comes in an interest in the other person which soon leads to the one or other taking over, until the parallel play has turned into lone play. A little later, the togetherness has a more cooperative quality.

A young boy who began treatment at three-and-a-half began to play with the long blocks and made great throughways all around the play room. I was there but not invited to participate. If I took part in any way, I was not ousted, but I was not of much concern to him. Later in the treatment, he began to see a use for me—as a hauler of blocks. The next phase involved his suggestion that I also build a track, parallel to his. Of course, here, I had to deal with the leavings and often found myself with a fine plan but very few blocks. Presently, this was rectified and togetherness of a different quality developed. He began to build roadways across our two tracks, a tunnel under them, and, finally, "switching points" where we could exchange cars. For a time, I gradually lost all my cars, or was left with the caboose. Eventually, however, this changed, and in a healthy way. He suggested that we work together on a single set of tracks. Each of us had his role and we shared the cars.

Briefly, in the organizing process, the

child had progressed from a unit, to a more active social being, to a higher complex organization.

While the reasonably healthy child inclines to create a self image, the less healthy child begins to develop an idealized image—what Horney has recently called a comprehensive attempt at a solution of conflict.⁹ Between the ages of three and five, it is not likely that one will see the fruition of such an attempt at solution, but significant beginnings may be observed and the tools with which to create such a solution are present. The categories of moving toward, away from, and against, still suffice. But, increasingly, the more complex structures of self-effacement, expansiveness and resignation become applicable. It is also with the development of an idealized image that constructive influences from without have a smaller opportunity to be used for growth. At this point, direct analytic treatment of the child might be indicated.

A child of four-and-a-half illustrated the self image and the idealized image in evolving this thesis concerning God. She said, "There is a God who is in Heaven. He's good. But I have a God in me, too. He's my guardian. He's here." She pointed to her heart. "But sometimes God makes me bad. Not the one in Heaven, but the one here." She pointed to her stomach.

This seems to be the expression of an externalized idealized image—God, "up there"—and an awareness of self. And, to an extent, of an inner-owned idealized image. A point on the stomach location of the bad God: this little girl has, on occasions, eaten compulsively and with evident pride in her appetite. Sometimes she has referred to her "100 stomachs." What better expression of the inner emptiness and the voracious appetite of an idealized image?

Another little boy, four, insisted during many months of treatment that he was seven or eight years old. He demanded tools and games commensurate with these ages and responded with typical rage when he failed to live up to his image.

A boy of five whose conception of himself demanded unlimited power, described

⁸ Gesell, *ibid.*

⁹ Horney, *ibid.*

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how he pushed a seven-foot man into the water and stamped on him. Another time, he described how he chased an entire gang of kids around the block. When we examined the incident together, more closely, it was he who was running, with the gang in hot pursuit. The running was "around" so that who was chasing whom, with the aid of an idealized image, could be misconstrued.

A CHILD IN TREATMENT

I should like to go into some detail regarding the development of another child during treatment. When Joan first came to me, she was a little more than four years old. My first direct contact with her indicates much about her character at that time. Before meeting Joan, I had seen her mother once, during which time I learned something of the child's history and had an opportunity to form some general impressions of the family. Now, the bell rang, and the door opened as I started towards it. I saw Joan's mother, who seemed to fill the foyer, and I knew—and felt—that there was someone with her. In the next moment I saw a little girl. She was appended to her mother neither like a leech nor an adornment. There was neither dependency nor an indication of any vital attachment. The feeling was strong that the mother, *en route*, had had a dry leaf blown against her and that in some mechanical way it had clung. Joan was apathetic. Her aliveness could only be hoped for. At my invitation, she accompanied me to the play room. She did not glance backward. She showed no eagerness to come with me, or to remain with her mother. Again, it was as though some force motivated her, blowing her hither and thither.

Here is Joan's developmental history in outline. She was the first born child. Her first two years were considered normal by the parents. We know that after two years she was free of wetting and soiling. At that time, she was a lively little girl who sang nursery rhymes and performed on request for the guests of the family. There were no gross difficulties in eating, sleeping, walking or talking. She seemed to be of average

intelligence. Of course, this is not a carefully observed period, but there are reasons to believe that she differed little from the usual child in this time.

Then two signal, external events occurred. Joan's mother, who had been in business, became pregnant. Joan was taken over *from the nurse by the mother*. She then became markedly retarded in all areas. A lively child previously, she became withdrawn. She played poorly with other children, and a nursery group she was placed in during her third and fourth years found her always on the periphery. Her songs disappeared; in fact, all music seemed to depart from her life. She stopped talking, using only sounds and a kind of gibberish. Toilet habits changed. She began occasional wetting and soiling, then retention of both, urine and stool. She evidenced no curiosity, no searching, not even an indication of a fantasy life. Psychometrics administered when she was four scored subnormally. In many ways she seemed like one of the cases Renée Spitz described, although in this case, with an onset in the third year, rather than the first.¹⁰

I would make the following evaluation of the situation at the beginning of treatment.

She had been able to build up a backlog of experience in her first two years which gave her some feeling of wholeness and belongingness. However, this was on a rather tenuous basis. She began to develop certain resources with regard to verbalizing, but these were largely commandeered and exploited by adults in the service of exhibiting her talent, not herself. In addition—and this is known—she could never use the resource for herself, for requests or demands. At the same time, reaching out in other directions for a place for herself was denied her whenever an error was made. Attempts to use a fork or a spoon, for instance were severely criticized when a mess ensued.

Much of this, you see, came just at that period I have suggested is so crucial in the child's development: the time when many more excursions are made into social liv-

¹⁰ Spitz, *ibid.*

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ing, and when inner unrest is developing with this new modality—thinking and symbolizing. Joan responded with withdrawal, which represented a marked loss of interest in growing. It is interesting to note that never was there a complete return to the earlier toilet habits. In the light of subsequent investigation, this seems to have been her major act of defiance, her way of holding back any expression of herself for her parents. Although not strong enough to lash out in the typical behavior disorder, she hadn't given up her fight completely.

RESPONSE TO TREATMENT

I should like to indicate a few of the changes in this child which developed directly in the course of treatment and with some guidance of the parent. At the start, I believe this child was in many ways suspended between a life of interpersonal relations and a life of fantasy. She could not withdraw into fantasy and imagination because just as this resource was opening to her, her growth was blocked. In a way, what she had available to use tightened up. It enabled her to shut out much of the world and thus she had little of the outside experience so necessary to childish imagining. A child is not a butterfly whose growth and change while secluded within the cocoon is natural. For children, forced withdrawal from life is an unnatural phenomenon. A somewhat older child, forced to withdraw, will at least take his imagination into the shell with him, and whatever little seeps in from the outside will encourage a flourishing, if cancerous, growth of fantasy. Joan, however, did not have even this.

The free atmosphere of our sessions began to provide her with the opportunity to experience more, but changes came gradually. She started out in the middle of the room. Slowly, awkwardly, almost in a sleeping state, she moved from one toy to another. She did not speak to me, nor did she look at me. Reaching out gingerly, she picked up one thing, then another. She squeezed them, smelled them, returned them to their places. She stumbled over blocks or toys scattered on the floor as

though they were not there. At the easel she stopped and stood very still for some moments. It was not until several weeks later that she approached the brush rack, which was out of her reach, with an obvious desire to paint. But she never looked to me for help. When I brought the brushes down, she started to paint. Even in this, there was only a savoring of the most elementary qualities of the paint. Brushes were used as mops. The paint was thrust onto the paper. There was no form, only a riot of color, without rhythm or harmony. After several months, this changed. The brushes were stroked and the colors began to be applied in a degree of harmony. Suddenly, one day, the apparently random painting took form, and Joan, with all the nascent ecstasy she could muster, breathed softly, "A tree." And, indeed, one could discern a tree.

Meanwhile, a similar movement had been developing with other materials—blocks, clay, a needle and thread—and similar change. I should like to illustrate one which showed the beginning of increased vocal communication. In the cupboard Joan found the musical toys. She took out the cymbals and began to clang them together with a total lack of rhythm, order and form. I reached in and took out a set of bells and tried to match her movements, without success, you may be sure. She scarcely noticed me. Two or three weeks later she did the same thing, and this time, since it was possible to detect a pattern, I got the rhythm a little better. The next session she took both bells and cymbals, began to play by herself, and then handed me the bells. We had our first concert. A few weeks later, Joan spotted animals in the farm scenes on the curtains, and I heard her singing snatches of "Old MacDonald." It was a solo performance, meant largely for herself, but soon she sang with awareness that someone was listening. Finally, we sang duets.

Joan's gibberish now became tumbling words. She made some hasty announcements about her brother, then more measured comments about things more nearly related to herself and what she was doing.

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Today there is still no real back-and-forth, verbal communication, but there is an honest beginning. Also noticeable is an increase in alertness—an interest in things outside her home, in the playroom, in the things she does and in her relation to me. Although Joan still has a long way to go, an essential spark of life, dormant at the beginning of treatment, is now far more than a mere glow. The future course will undoubtedly be stormy, but she now has opening vistas for development, and awakening interest in seeking a way, and the freedom to expand her resources in constructive directions. She has the possibility for setting up a self image; yes, even for setting up an idealized image. But, in either case, there will be a richness to work with and a real chance for healthy living.

AN AGGRESSIVE REACTION

Another little girl, now four-and-a-half, demonstrates once more the crucial importance of understanding this turbulent second and third year of the child's development. This child went through her first two years with no evident difficulty. Eating and sleeping, toileting and physical agility were quite natural, even somewhat advanced. In the third year came the usual sleep disturbances, the unrest and anxiety, manifested by crying and fussing at bedtime and during the night. This was handled with poor understanding by the parents. The child was threatened, and all kinds of pressure, including spanking, yelling and withdrawal of affection, were applied. The disturbance lasted over a prolonged period and at four-and-a-half the child still feels considerable anxiety about going to sleep without a light or familiar sounds around her. Almost every night is interrupted by more or less anxious awakening. Following the original disturbance which was poorly handled, there was a marked decline in courage, interest in people and curiosity. There was a temporary return to wetting, always in a defiant, aggressive way not associated with the usual enuresis, i.e., wetting during the night.

Here was a youngster with a good start, who, when she ran into difficulties, struck

back. There was some withdrawal, but more apparent was compulsive aggressiveness. She had a sufficiently good backlog of health and spirit, together with somewhat more freedom than Joan enjoyed, and thus was able to put up a scrap and utilize her imagination and creativity. Evidence of this was apparent in her graphic art. At about two-and-a-half, she sewed a pattern with needle, colored thread, buttons and buckram. The effect was made without plan or too obvious an intent. Yet suddenly she exclaimed, "Why, it's a Mexican man!" The resemblance was remarkable. Some time later, she painted in the playroom, using the brush exceedingly well, and produced a pleasing color pattern, having rhythm, depth and organization. Again, this was spontaneous, unplanned.

The pressure to conform to adult standards continued, however, with some abatement, to be sure, but with sufficient form to facilitate a change of basic movement to one of compliance. Her painting became less spontaneous, less alive, less colorful, very tentative. The pressure was reflected, too, in the diminished joy she had in the work, as contrasted with her earlier performances. It is interesting to note that currently her painting in the playroom is still more spontaneous than that done in school. There it is stilted, more formal, much less original. I once commented to her about this, recalling the difference in her earlier work. She made what I believe is a significant remark: "I have to have a nice dream before I can do a nice painting." Another aspect of this is more recent. She still has considerable spark and a great deal of aliveness, and regularly this bursts into a flame of rebellion, although for the most part there is too much compliance, shallowness and pretense. There is sleep disturbance, and her parents report that she always kicks her covers off in sleep. She seems to mumble protestingly and awakens reporting a bad dream. She told me, "My Mummy doesn't know it, but when I am good, I have bad dreams. And when I am bad, I have good ones."

One change which seems a consequence of her active struggle for growth and the

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addition of more constructiveness in relation to herself is a renewed interest in dancing. The body agility which was present earlier showed itself with considerable grace in dancing. At the park she responded to the rhythm of swinging with equal alertness. When the tide turned against her, however, she lost much of this grace, and the occasional effort to dance was awkward. Recently, the return of both interest and rhythm to her whole outlook was reflected in a spontaneous remark regarding her dancing. She said, "I forgot how to dance and now I learned again, better."

This little girl already has a far richer personality than the former case. But here the richness also has significant neurotic components, and an idealized image which sees her as a bride; as Dale Evans, Roy Rogers' girl-friend; a sweet mother; an angel; a princess.

In these two cases, I have stressed the negative qualities, but both enjoy much that is constructive. Both have a good chance for health as constructive assistance comes from treatment, changed parental attitudes and from healthy experiences in school and life. There is far more hope for these cases than for those cited by Dr. Spitz, where aliveness was crushed in the early months and healthy experiencing was nipped in the bud. In such cases, there is almost no possibility to develop even an interesting neurotic character, because their resources can hardly lift their heads.

CONCLUSIONS

I should like to conclude with some remarks about matters which apply to all people, but have greater relevance to children—and which, paradoxically, seem to be least used in that connection.

We know, and Horney has explicitly stated, that human beings always have the possibility of growing. Growing carries for us the connotation of purpose and goal-seeking. And while perfection is included in the goal, the experience and joy of the process is likewise an essential part. Both ideas are necessary for a whole view of growing. It is only when we include the part which says that the process is a *value*

that we can do fruitful analytic work. Only then can we make cogent observations of behavior. Only then can we, as parents and people interested in guiding healthy growing, really get at the guts of the issue.

So frequently children can give the essence of things in such simple, striking words. I remember the remark a little boy made to Dr. Rasey as he helped her in the garden. "You know, Dr. Rasey," he said, "a pansy bed that's going to be is almost as pretty as a pansy bed that is."¹¹

A necessary component of growing is the possibility for error, by the standard of perfection. Another necessary component is time. The consequence of these is that movement may often fluctuate and take time in the course of realizing its direction. Again, a child's words tell it so well. This youngster, in a cab *en route* to the office, saw her parents become quite disturbed for fear the driver would take the wrong street. Calmly, she said, "Let him go his way. If he goes wrong, he can always turn around." These variations become all the more vigorous, or disruptive to integration, if the individual is unable to pick the essentials out of the volume of experience and variety of possibilities. This condition is one of the consequences of a certain state of neurosis in which much energy is available, but used in the active pursuit of neurotic goals, or in the pursuit of healthy goals conflicting with neurotic values.

The healthily growing child is also actively engaged in a process. On entirely different grounds, he, too, may be very vigorous in exploiting his talents, interests and interpersonal relations. Like the neurotic, he is acting in relation to other people and other things, whose own interests are apart from his, but nonetheless involve him. These outside influences, however, tend to be realistically appraised and not neurotically elaborated. True enough, the child may be unable to recognize that a hostile force is not focused on him exclusively, but he is able, in a way, to experience hostility for itself, as well as more fulfilling experiences. Out of this whole

¹¹ Rasey, in *Issues in Integration*, The Foundation for Integrated Education, Inc., 1948.

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will come his view of the world. On the other hand, the neurotic tends to overweight the hostile, distort the constructive and elaborate the false picture of life.

The child like the neurotic, may be faced with a wide variety of experiences and have trouble discerning the essentials. Still, his quest does not bear with it the voracious appetite of pride, which wants to consume every experience in its service. His quest makes it possible to experience and reject; to return again for another try. Healthy

children in groups fight and make friends again. Bedlam one moment is followed by constructive play the next. Healthy young children do not bear grudges. For them there is always a tomorrow of hope.

For the child, the maintenance of the interest in growing is crucial. For those of us treating children, or offering ourselves as guides, the same interest is essential to the development of adequate tools, concepts and techniques for helping others—and to growing for ourselves.

CONCEPTS OF ADLER AND HORNEY

NATHAN FREEMAN *

IN A DISCUSSION following a lecture at Cooper Union last year, a group of psychiatrists and social workers in Adler's psychology expressed the view that Horney and Adler concepts were, to all intents and purposes, identical. This paper will attempt to examine the validity of such claims and to clarify the similarities and differences between the Adler and Horney concepts. The following is the development of Adler's views on Human Motivation, as he himself described it.¹

In 1906, Adler published a paper entitled "The Aggressive Instinct in Life and in the Neuroses." He states that he tried "to present in a very inadequate fashion the multifarious forms of attack and defense of modification of the self and the environment effected by the human mind" and launched on the momentous departure of repudiating the sexual etiology of mental phenomena as fallacious. In a vague way, Adler states that he saw that the impulsive life of Man suffers variations and contortions relative to the kind and degree of its aggressive power. In 1912, Adler separated from Freud after he made his diverging standpoint clear in four lectures, under the title of "Critique of Freud's Sexual Theory of Psychic Life." In the second lecture Adler objected "to accepting the doctrine of sexual impulses in the neurotic or normal individual as the

basic factor of psychic life. They are never causes, but elaborated material and a means in personal striving." Here Adler definitely separated from Freud's theory of pansexualism. This break with Freud gave Adler the opportunity to make public his own point of view.

Adler's approach to the study of personality can be divided into two periods. In the first, he developed the theme of organ inferiority. His main idea here was to show that children born with hereditary organic weaknesses exhibit not only a physical necessity to compensate for the defect, and tend to overcompensate, but that the entire nervous system, too, may take part in this compensation. The mind, especially, as a factor in life, may suffer a striking exaggeration in the direction of the defective function whether it be breathing, eating, seeing, hearing, talking, moving, feeling, or even thinking. Because the inferior organ plunges the child into a constant feeling of inferiority, he tends to overcompensate in the direction of overpowering. To overcome this feeling of inferiority, Adler states that he tried to bridge the chasm between the physical and mental developments by a theory which would vindicate, in a measure, the doctrine of heredity. Later, however, he had to repudiate the notion of the hereditary character of psycho-

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¹Adler, "Individual Psychology," *Psychologies of 1930*, London: Oxford University Press, 1930.

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logical traits when he realized that children in cases of abnormal development are without any guidance, so that their aggression may develop in unaccountable ways. Here are stressed the social factors of the family history, which became an index to the serious difficulties a child combats in early childhood.

"INDIVIDUAL PSYCHOLOGY"

This attitude initiated the second period of his psychology which he now called "Individual Psychology." He did not completely give up the idea of organ inferiority, but he advanced another step beyond it and discovered that children may be artificially placed in the same straits as if their organs were defective. That is, if children are subjected to social conditions which are unbearable, they are in the same position as those with organ inferiorities. Here Adler pinned down his basic premise of inferiority. In his paper entitled "The Problem of Distance," he asserted that every individual, by reason of his degree of inferiority feeling, hesitates before the solution of one of the three great problems of life. These he labels:

- 1) Society
- 2) Vocation
- 3) Love

It might be noted at this point that Adler maintains that all human beings have a degree of inferiority feeling. He explains that the inferiority feeling may arise either from defective organs or hazardous social conditions, but does not explain the inferiority feelings of individuals who have not been subjected to poor environmental conditions or organ inferiorities.

The next development in "Individual Psychology" came when Adler found two other categories of children who are likely to develop an abnormal sense of inferiority: pampered children and hated children. A further step came in a work he called "The Unconscious," wherein he asserts that there is no contrast between the conscious and the unconscious; that both cooperate for a higher purpose; that thoughts and feelings become conscious as soon as we are faced

with a difficulty, and unconscious as soon as our personality-value requires it. The unconscious, to Adler, means those goals which the individual does not wish to acknowledge, and fails to understand in relation to his social environment.

He next emphasized that the errors of civilization may influence the development of an individual, and that this is the case in the underestimation of women in our society. From the sense of female inferiority which most people, men and women alike, possess, both sexes have derived an overstrained desire for masculinity, a will to conquer all difficulties of life in masculine fashion. This he termed "the masculine protest."

Then Adler saw in every psychical phenomenon the striving for superiority, which runs parallel to physical growth, an intrinsic necessity of life itself. It lies at the root of all solutions of life problems and is manifested in the way in which we meet these problems. "All our functions follow its direction; rightly or wrongly they strive for conquest, surely, increase. The impetus from a minus situation to a plus situation is never-ending. The urge from below to above never ceases. The history of the human race points to express the great upward drive. Willing, thinking, talking, seeking after rest, after pleasure, learning, understanding, work and love betoken the essence of this eternal melody—the striving for power. In our right and wrong conceptions of life and its problems in the successful or the unsuccessful solution of any question, this striving for perfection is uninterruptedly at work. Even where foolishness and imbecility, inexperience, seem to belie the fact of any striving to conquer some defect, the will to conquer is really operating. This striving upward is not only a fundamental category of thought, the structure of our reason, but what is more, it yields the fundamental fact of our life. The origin of humanity and the ever-repeated beginning of infant life rubs it in with every psychic act. 'Achieve, Arise, Conquer'—this feeling is never absent, this longing for the abrogation of every imperfection. The total melody is in every individ-

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ual craving for power, for victory over the difficulties of life."²

Following this, Adler recognized a further premise: the unity of the personality. He agreed with Kant, who said, "We can never understand a person if we do not presuppose his unity." This unity Adler presupposed is the work of the individual.

THE GOAL OF LIFE

These were the considerations which led Adler to the conviction that early in life, in the first four or five years, a goal is set for the need and drive of psychical development, a goal toward which all currents flow. Such a goal is a way of life. Every marked attitude of a man can be traced back to an origin in childhood. Staking a goal compels the unity of the personality in that it draws the stream of all spiritual activity into its definite direction. The goal itself is a product of the common, fundamental sense of inferiority. In the widest meaning of the term "goal," it is a striving by various means for security and adaptation to life. Adler asks what brings about the differences of individual attitudes, if one and the same aim of superiority actuates everyone. This is a most sensible question, but, unfortunately, Adler does not answer it, except in a vague way to indicate that all subordinate and particular strivings are oriented to this comprehensive goal. This unified manner of meeting situations constitutes the individual character.

If there is any causal factor in the psychical mechanism, it is the common, and often excessive, sense of inferiority. But this continuous mood is only activating—a drive—and does not reveal the way to compensation and overcompensation. Under the pressure of the first years of life there are only impressions, and a desire for pleasurable feelings while excluding those that are painful. For this purpose all energies are mustered until motion of any sort forces the establishment of an end. There is no motion without an end. And so, in this way, a final goal which promises satisfaction becomes fixed.

In his next work, *The Neurotic Constit-*

tution, Adler traces how the goal of life in neurotics becomes a type of overcompensation and error. As one of these errors, he mentions "the masculine protest," a wrong attitude developed because western culture admits to male dominance.³ Hence, men are assumed to belong to superior sex. They become a symbol of power and greatness, etc. Every human being in our contemporary western civilization is measured according to the standard of the privileged male, so that every boy and girl grows up with a masculine ideal, while women have an almost universal dissatisfaction with the feminine role. Their psychic life is pervaded by a strong feeling of inferiority because of their situation in a man's world. Consequently, many women put up a masculine protest by attempting to be energetic, ambitious and aggressive. Wherever possible, they strive to outdo the male. Others adopt an attitude of resignation, obedience, humbleness and helplessness. Still others accept the dogma of male superiority. Thus, there results a definite division and separation of the sexes.

As to neurosis, Adler formulated the imaginary goal. "I wish to be a complete man" is the 'guiding fiction' or the guiding principle of every neurosis. This is an imaginary goal or fictitious ideal.⁴ He now applied the system of individual psychology to special problems, e.g., homosexuality. In his next work, "*The Problem of Homosexuality*," he expressed the view that this perversion is a neurotic structure erroneously made out of childhood impressions, and in his handbook of normal and pathological physiology, he expressed the view that uncertainty in the sexual role, overestimation or fear of the opposite sex and a craving for easy, irresponsible successes proved to be the inclining, but by no means constraining, factors. Uncertainty in the solution of the erotic problem and fear of failure in this direction lead to wrong or abnormal functioning.⁵

²Adler, *The Neurotic Constitution*, London: Kegan Paul, Trench & Trubner Co., 1921.

³Adler, *op. cit.*

⁴Adler, *Das Problem der Homosexualität*, Leipzig: 1930.

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Adler then states that he saw more clearly the way in which the varieties of failure could be understood. In all human failure—in the waywardness of children, in neurosis and neuropsychosis, in crime, suicide, alcoholism, morphinism, cocaineism, in sexual perversion; in fact, in all nervous symptoms—we may read a lack of the proper degree of social feeling ("community feeling" in *Heilen und Bilden*; later, "social interest"), and of cooperation and coordination with others.⁶ In these terms, he tries to express his ideal: self-development of the individual's abilities for his own good and for the good of humanity. The social life of men emanates inevitably from the man-cosmos relation.

THE ONSET OF SOCIAL FEELING

As far as Adler could reasonably determine, he states that social feeling appears after the fourth or fifth year of life. The style of life has been fashioned as a prototype, with its particular way of seizing upon life, its strategy for conquering it and its degree of ability to alter (unless, perchance, some harmful errors of construction are recognized by the subject and corrected). Whoever has not acquired in childhood the necessary degree of social sense will not have it later in life, except under the above-mentioned special conditions. No amount of bitter experience can change his style of life as long as he has not gained understanding. The whole work of education, cure and human progress can be furthered only along lines of better comprehension.⁷

The first social situation that confronts a child from the very first day is its relation to its mother. By her educational skill, the child's interest in another person is first awakened. If she understands how to train this interest in the direction of cooperation, all the congenital and acquired capacities of the child will converge in the direction of social sense. If she binds the child to herself, exclusively, life will bear for it the

meaning that all other persons are to be excluded as much as possible. Its position in the world is thereby rendered difficult—as difficult as that of defective or neglected children. All these grow up in a hostile world and develop a low degree of cooperative sense. Often in such cases there results utter failure to adjust to the father, brothers and sisters, or more distant persons. If the father fails to penetrate the circle of the child's interest, or if, by reason of exaggerated rivalry, the brothers and sisters are excluded, or if because of some social shortcoming or prejudice the remoter environment is ruled out of its sphere, then the child will encounter serious trouble in acquiring a healthy social sense. In all cases of failure later in life it will be quite observable that they are rooted in this early period of infancy.⁸

Individual psychology considers the essence of therapy to lie in making the patient aware of his lack of cooperative power and to convince him of the origin of this lack in early childhood maladjustments. His "inferiority complex" is revealed as erroneous. Courage and optimism are awakened. And the "meaning of life" dawns upon him as the fact that proper meaning must be given to life.⁹

This treatment may be begun at any point in the spiritual life. Three points among others, are suggested by Adler:

- 1) To infer some of the patient's situation from his place in the order of births, since each successive child usually has a somewhat different position from the others.
- 2) To infer from the patient's earliest childhood recollections some dominant interest of the individual, since the creative tendency of the imagination always produces fragments of the life ideal.
- 3) To apply the individualistic interpretation to the dream-life of the patient, through which one may discover in what particular way the patient, guided by the style-of-life ideal, conjures up emotions and sensations contrary to common sense, in

⁶Adler, *Social Interest*, London: Faber & Faber, 1938.

⁷Adler, *Individual Psychology*, 2nd edition, London: Kegan Paul, Trench & Trubner Co., 1927.

⁸Adler, "Individual Psychology," *Psychologies of 1930*, London: Oxford University Press, 1930.

⁹Adler, *op cit.*

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order to be able to carry out his style of life more successfully.¹⁰

If one seems to have discovered the guiding thread of the patient's life, it remains to test this discovery through a great number of expressive gestures on his part. Only a perfect coincidence of the whole and all the parts gives one the right to say, "I understand." And then "the examiner himself will always have the feeling that if he had grown up under the same misapprehensions, if he had harbored the same ideal, the same notions concerning the meaning of life, if he had acquired an equally low degree of social sense, he would have acted and lived in an 'almost' similar manner."¹¹

The foregoing is a skeletal view of the development of Adler's Individual Psychology. His complementation in those early years of psychoanalytic thinking is one that is essential. His elaborate contribution showed he could build up a system of human behavior, quite as logically on a superiority drive and the compensation mechanisms developed to combat the inferiority, as upon infantile sexuality and its hypothetical consequences in later life situations. He was a pioneer in applying psychoanalysis to the total personality. He pointed out that that which was formerly called constitution is itself the product of attempts at adaptation. His theory has many truths and many points of real value and deep significance.

Like Adler, Karen Horney separated from Freud's premise of sexuality. Originally a follower of Freud, she differed with him in many respects and described these differences in *The Neurotic Personality of Our Time* and in *New Ways in Psychoanalysis*. She retained those concepts of Freud which she believed had value, e.g. the technique of free association and Freud's original concept of unconscious motivation. Adler discarded some of the more valuable parts of Freudian method. He made little use of the free association technique and deprived himself of a tool to work with in therapy.

In comparing the concepts of Adler and

Horney, many points of similarity and difference will be encountered. These points, however, are not to be compared directly, but must be taken into account as integral parts of each theory; for each of these points serves a particular function in their respective theories. Adler and Horney deny the instinctual and libidinal approach to human motivation. Each puts importance on social factors in the child's development.

1. GENERAL ORIENTATION TO LIFE

Adler's basic premise of human development is that man is born to develop a feeling of inferiority. At first, he related this inferiority to organic defects. Later, he took a more thorough psychological view and recognized the social factors as contributing causes. He emphasized the inferior role into which children are born and their efforts over the years to overcome their inferiority. He stressed the significance of social influences upon the infancy and early childhood of the human being. But what is often overlooked is Adler's presentation in which he maintained that *inferiority was not only inevitable, but present as a fundamental fact of human development*. For, he states, "the human individual . . . is treated by nature with the blessing of a strong feeling of inferiority that urges him toward a plus situation, toward security and conquest. This tremendously enforced rebellion against a feeling of inferiority is awakened afresh and repeated in every infant and little child as the fundamental fact of human development."

Just where this inferiority comes from when there are no accountable organic or social factors, he does not make clear. When Adler was confronted with this problem—how to account for inferiority in every human being—he attempted to avoid the dilemma by stressing that in our civilization a child must feel inferior due to his helplessness and dependence. We meet a fundamental difference here.

Horney's basic premise and orientation is an explicit belief that the child is not born with predetermined psychological handicaps, nor is there anything to overcome. The child can develop basic confidence in

¹⁰Adler, *op. cit.*

¹¹Adler, *op. cit.*

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himself and in others under favorable circumstances. Development of the physically healthy child is predicated on the satisfaction of basic human needs—needs for genuine love, respect and fairness. When they are satisfied, the result is a healthy child, capable of giving and receiving love, of real cooperation with others, of healthy self-assertion, and independence. He has a firm, inner feeling of strength, security and self-confidence. His energies are directed towards the goal of healthy growth and development. There is one fundamental drive to self-realization, to self-fulfillment.

The difficulties of the child are recognized. The social and cultural factors are not overstressed or underestimated. There is no iteration that a Basic Insecurity must develop. Feelings of helplessness and frustration, in and of themselves, do not create a Basic Insecurity, for this concept contends that it is the continuous feeling of being helpless, abandoned, and alone, with its attendant feeling of hostility that creates anxiety in the child. This feeling is well-founded on reality. In the face of these circumstances, defenses or protective attitudes are built and strategies developed which enable him to cope with the world, while, at the same time, allowing him certain possibilities of gratification. What he develops depends entirely on the combination of factors present in the whole situation. Whether his prevailing striving will be for assuming control, for being submissive or for being unobtrusive depends on which ways are in reality closed to him and which are accessible. The Basic Insecurity, with its nuclear anxiety is the motivating force that starts the neurotic process going. Adler saw only the feeling of inferiority. He did not recognize the motivating power of anxiety, which accounts for the stringency of the striving for safety.

Siegfried Fischer, chief of the Langley Porter Clinic, emphasized in a recent article that the feeling of inferiority is frequently, but not necessarily, attendant upon the feeling of insecurity. It is the anxiety which creates a life and death situation to the individual.¹²

¹²Fischer, *Am. J. of Psychotherapy*, April, 1949.

2. THE PROBLEM OF NEUROSIS

In the concepts of both Horney and Adler, there is full recognition that a neurosis is a creative act of the individual. However, for Adler, a neurosis is created by the individual in order to become superior, to overcompensate for his inferiority. From his viewpoint, conflict is not important in neurosis. For he states: "Nothing at all can take place in the world without conflict, so that this statement sheds no light on the nature of a neurosis."

Horney's theory of neurosis, unlike Adler's, was evolved from Freud's original discoveries that many psychic processes, actions and feelings can be determined by unconscious motivations; that the motivations which drive us are emotional forces. Horney sees inner conflicts as the central problem in neurosis. She carries her observations and studies of inner conflict into all areas of psychic life. She describes the interplay between neurotic elements in the character structure. One trend, or a whole set of related neurotic traits, may reinforce and intensify others. Out of conflict anxiety is generated. It is conflict which motivates creation of a neurotic character structure.

There is little conflict in Adler's concept of neurosis. Inferiority is the driving force in the striving for superiority. This is not a conflict but a compensatory function for the feelings of inferiority.

3. CONFLICT

Adler saw only conflict between the individual and his environment. He did not see the conflicts that go on *within* the individual, and their effect on the relationships with others. Another fundamental difference in the two concepts is the attitude towards unconscious motivation. To Adler, "the unconscious" means those goals which the individual does not wish to acknowledge, or to understand in relation to his social environment. "There can be no question, here, of anything like a repressed unconscious. It is rather a question of something not understood, of something withheld from the understanding." It has no dynamic motivating power, no compelling force.

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Unconscious motivation, in the Horney concept, is based on Freud's original idea of the unconscious: "a mental process, the existence of which we are obliged to assume, because we infer it in some way from its effect, but of which we are not directly aware." The unconscious process consists of the individual's unawareness—his ignorance of what is going on in himself which compels him to feel, and think, and act as he does—and of contradictory and incompatible elements in himself.

"The unconscious," in Horney's concept, is not a place, or compartment in which is stored psychic material, as Freud later suggested, but has the practical implication of the patient's not knowing what is going on in himself. In neurosis there is an absence of connection between conduct and inner feelings, between inner concepts of one's self and others, between one's inner reasons and logic and one's purpose and aims. Our working hypothesis is that there is a precise correlation between the manifest and unconscious. The meaning of unconscious in Horney's concept is perhaps best expressed as an adjective: *unconscious processes, unconscious motivation, unconscious hatred, destructiveness, etc.* These unconscious processes are dynamic and active. They guide activities with compelling force. Unconscious processes contain the meaning of manifest neurotic behavior, thinking and activity. It is the function in therapy to establish the unconscious connections to enable the patient to recognize and understand himself.

4. UNITY

Adler placed a great deal of emphasis on the unity of personality. He stressed the fact that no life expression can be viewed in isolation, but must always be regarded in relation to the total personality. He pointed out that it would be a mistake to visualize the human mind as if it were a static totality. He stated that we can only visualize the personality dynamically, as if forces were moving from it. These forces come from a unified source and are directed towards a unified goal. But, actually, Adler treated this unity of personality with a

one-sided attitude. He speaks of viewing the individual as a totality, but actually views him in terms of a segment of the whole: inferiority, with the compensatory function of a power drive.

In Horney's concept, the focus is on the self—the whole self, organized as a character structure in which are some healthy traits and some neurotic traits, the latter having the quality of compulsiveness and exerting a mutually dynamic effect, one upon the other. The individual is seen not only as a part of society but also as one who functions more or less as an integrated whole in dynamic interaction with others. Although Adler speaks of totality, there is no true analysis of the total character structure of the individual.

5. LIVING IN IMAGINATION

To Adler's great merit, he recognized the phenomenon of the individual who lives in his imagination. He saw the great search for glory, which the neurotic strives to attain. The formula, "I wish to be a complete man," is the guiding principle of every neurosis. Since the feelings of inferiority are extremely painful and are usually regarded as shameful signs of weakness, there will be strong effort to conceal them. Therefore, compensatory ideas and fantasies of greatness and of superiority develop as stratagems which help conceal inferiority. Impossible goals of achievement are elaborated. Adler refers to these goals as "guiding fiction, or guiding principles." Adler recognized man's attempt to reach beyond his capacity and his search for glory. He was able to see the full impact of these as drives for superiority. However, his concept is limited because he saw superiority in terms of other people, rather than as an inner process of self-idealization. He did not see the inner distress into which these drives can lead a person.

In Horney's concept, we meet with a neurotic solution which is described as an Idealized Image. Although it appears that Adler's recognition of "guiding principles" has much in common with Horney's Idealized Image, there are basic differences dependent upon the respective theories of

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character formation. As the neurotic is torn by conflicting drives, he is driven to seek some solution to attain some inner unity. One of the solutions he finds is to reach into his imagination and create an image of what he believes himself to be, or what, at the time, he feels he can or ought to be. The image idealizes the contradictory drives in him in an effort to solve the conflicts. Conscious or unconscious, the image is, to a large degree, removed from reality. In all its essentials the image is an unconscious phenomenon. The neurotic is not aware that he is idealizing himself, that he is creating a powerful force which makes impossible demands on him.

What Adler did not appreciate was the function the image performs for the individual. For, as Horney points out, the image fulfills vital needs. To begin with perhaps its most elementary function, the idealized image substitutes for realistic self-confidence and realistic pride. It is a matter of necessity for the neurotic individual to feel superior to others, since he feels so weak and despises himself. Secondly, the image is developed by the neurotic person as a strategy to gain inner unity and, especially, to negate and deny the existence of conflict within himself. Thirdly, the image is a creation interwoven with, and determined by, realistic factors.

Adler saw the importance of strivings for power, prestige and possession, and the role they play in imagination. He saw them as neurotic manifestations appearing in many disguises. He assumed, however, that these strivings were the foremost trend in human nature, that they needed no explanation, that their intensification was traced to feelings of inferiority. What Adler did not recognize and see clearly was the difference between the striving for irrational power (the striving for power over people) and the rational striving for a sense of adequacy, competence and power, which comes from respect of the real self and others. He mistook a neurotic trend for a fundamentally healthy drive.

In Horney's concept, the power drive is recognized, but as one of many important neurotic trends. This drive is not looked

upon as a compensation to overcome inferiority, but, like all neurotic trends, as a strategy for security, which accounts for its compulsive character. Adler saw the expansive but did not see the obverse—the self-contempt and self-hatred.

6. CHARACTER STRUCTURE

Adler saw and described character traits, but did not see character structure. He enumerates such character traits as vanity, ambition, jealousy, envy, avarice and hate as manifestations of aggressive character traits, and seclusiveness, anxiety and faint-heartedness as expressions of non-aggressive character traits. Other expressions of character he describes as submissiveness, hard luck and sympathy, etc.¹³ Adler feels that these traits are connected by indivisible bonds. They are subject to the rule of community life on the one hand, and on the other they are influenced by individual strivings for power. The drive for superiority is modified by the individual's social feeling, to the degree of its development in any concrete case.¹⁴

Horney focuses on the neurotic character structure and meticulously works out its formation and development. The neurotic trends which make up the structure are dynamically interrelated. One trend, or a whole set of related neurotic traits, are seen to reinforce and intensify others, while conflicting with contradictory trends in the same structure. Character traits seen in this light are symptoms of an inner disturbance. However, the neurotic character structure is only one part of the total personality. For one of the unique elements of Horney's concept is her discovery of the *real self*, the home of all psychic energy. It is from the real self that energy is taken to build up the neurotic structure, but at the same time, there are constructive forces operating within the individual.¹⁵

This concept of the real self and its con-

¹³Adler, *Human Nature*, London: Allen & Unwin Ltd., 1928.

¹⁴Adler, *Social Interest*, London: Faber & Faber, 1938.

¹⁵Horney, "The Search for Inner Unity." Lecture Series delivered at The New School for Social Research, Spring, 1949.

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structive forces does not appear in Adler's Individual Psychology and, as a matter of fact, has not been as fully developed in any other psychology I know. Another unique concept that appears in Horney's theory of neurosis is the Alienation from the Self, or the impairment of the functions of the real self. As energy from the self is invested in the neurotic structure and the individual lives more and more by this structure, he becomes more remote from the functions of his real self. The inevitable result is stunted growth.

7. ANXIETY

To Adler, the neurotic inferiority feeling is the driving force behind neurotic character formation. The neurotic character "is a product and instrument of a cautious psyche which strengthens its guiding principle (neurotic goal) for the purpose of ridding itself of a feeling of inferiority, an attempt which is destined to be wrecked, as a consequence of inner contradictions, on the barriers of civilization or on the right of others."¹⁶ When Adler refers to "inferiority feelings" as the basic motivation of neuroses, he is using the term as almost every other psychologist would employ the term "anxiety." His concept, although significant, is unfortunately vague and elusive. For Adler, anxiety serves as a weapon of aggression, a means of dominating others. "What appears to us as important is that a child will make use of anxiety in order to arrive at its goal of superiority, or control over the mother."¹⁷ No one would dispute the contention that anxiety may be used for "secondary gains," but to imply that these are the chief motivations of anxiety is to over-simplify and confuse the problem.¹⁸ Adler does not describe in any detail the causes of anxiety

beyond his general description of the genesis of inferiority feeling.

Horney takes normal anxiety into account.¹⁹ But this is differentiated from neurotic anxiety. Basic anxiety leads to the formation of neurotic defenses. Such anxiety, itself is a neurotic manifestation and arises out of disturbed interpersonal relationship between the child and others.²⁰ She traces carefully how the frustrating situation tends to make the child hostile. This, in turn, leads him to feel that the world is hostile. This attitude increases the child's sense of helplessness. In order to overcome this anxiety, the child erects defenses. Horney describes how more anxiety grows out of the very defenses originally erected against the basic anxiety. A vicious circle is thus formed. The defenses increase anxiety because they may be in conflict with each other, e.g. an individual may have a compulsive need for prestige and at the same time a need to be self-effacing. In Horney's view, anxiety is the core of neurosis. "Anything may provoke anxiety which is likely to jeopardize the individual's specific protective pursuits, his specific neurotic trends."²¹ Horney has shown the reciprocal relation of hostility and anxiety. One of the most common intrapsychic factors provoking anxiety is hostility. Hostile impulses of various kinds form the main source from which anxiety springs.²²

As indicated, Horney describes how the conflicting trends in the personality act as sources of neurotic anxiety. Adler's views on anxiety are superficial and oversimplified. It appears that Adler often treats anxiety as a "character trait" rather than as an emotion.²³ There is no systematic analysis of anxiety, partly due to Adler's unsystematic view of neurosis, and partly because the problem of anxiety is lost in his concept of inferiority feelings.

¹⁶Adler, *The Neurotic Constitution*, London: Kegan Paul, Trench & Trubner Co., 1921.

¹⁷Adler, *Problems of Neurosis*, New York: N. Y. Cosmopolitan Book Corp., 1930.

¹⁸May, Rollo, *The Meaning of Anxiety*, New York: Ronald Press Co., 1950.

¹⁹Horney, *op. cit.*

²⁰Horney, *op. cit.*

²¹Horney, *The Neurotic Personality of Our Time*, New York: W. W. Norton & Co., 1937.

²²Horney, *op. cit.*

²³May, *op. cit.*

SOME ASPECTS OF SEX IN NEUROSES

FREDERICK A. WEISS*

OUR UNDERSTANDING of the role of sex in neuroses has grown with the development of our theory. Three basic steps, characteristic of our entire modern view of nature and man, had to be taken to provide us with the most constructive approach to this problem.

1) The old, compartmentalizing method which in biology as well as in psychology, separated body and mind, and special functions from the total function, and which attempted to explain the whole on the basis of its parts, had to be replaced by the *holistic* approach. This approach sees the organism as a whole whose partial functions—for example, sex—are determined by its total function. The individual is seen as an integrated mind-body unit, which in turn forms a part of the greater unit: the surrounding culture.

It was the development of the medical specialities themselves which led to the constructive emphasis on the organism as a whole. On the somatic side, physiology, neurology and endocrinology today stress the integrating function of homoeostatic mechanisms of the autonomous nervous and hormonal systems. On the psychological side, the limited method of symptomatic diagnosis and therapy has been superseded by analysis of the total character structure. The holistic approach is particularly necessary in dealing with the problem of sex

which, in addition to the genital end organ on the periphery, involves the endocrine, the vascular and the nervous systems. The integrated functioning of these systems is determined by the total personality. Just recently a leading biologist, Prof. Frank A. Beach of Yale University, supported the correctness of this approach. As a result of extensive research, he stated: While the sexual behavior of lower animals is determined exclusively by hormones, sexual behavior in man is relatively independent of hormonal influences. Experiences and emotions, which often strongly influence the hormonal level and the hormonal functions, take the decisive place.

2) The static, mechanistic concept of physical, as well as psychic, processes had to give way to the *dynamic* concept of *interaction*. In our view of nature, the mechanistic theory held that only quantitative shifts of energy take place from one isolated piece of unchangeable matter to the other. This early concept of thermodynamics had to be replaced by the dynamic theory of total interaction between changeable molecules and atoms, with resulting qualitative changes.

In our view of man, the individual is no longer seen as an isolated, unchangeable body whose emotional life consists in shifting a quantity of energy—for example, of love or sex—from a Subject A to an

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Object B. In such terms, giving affection or love necessarily equals losing. Rather, man functions as a more or less integrated whole in dynamic interaction with others. The role played by sex is governed by the emotional dynamics prevailing in his *total interpersonal relationships*.

3) The third basic step was recognition that not even the newly established units in both systems—the atom in the world of the universe and the self in the world of man—constitute final “atomi,” unstructured, indivisible entities. Both the atom and the self were found to possess a significant *inner structure* and to harbor tremendously strong energies whose release can result in constructive or destructive action. The better understanding we gain of these inner forces, the intra-atomic as well as the *intrapsychic*, the greater become our chances to use them constructively.

1. THE HOLISTIC APPROACH

Freud saw the coexistence of sexual disorders and neurotic disturbances. This fundamental observation was correct and highly significant, as were most of Freud's observations. But, under the impact of Darwin's instinct theory, he considered the disturbances of the sexual instinct the *cause* of neuroses. He said in his autobiography:

“I was led into regarding the neuroses as being without exception disturbances of the sexual function, the so-called ‘actual’ neuroses being the direct toxic expression of such disturbances and the psychoneuroses their mental expression.”

Freud saw actual neuroses, among which he included anxiety neuroses, neurasthenia and hypochondriasis, as caused by toxemia due to arbitrarily impaired sexual function. As the most common aetiological factors he mentioned the practice of coitus interruptus, excessive masturbation and sexual abstinence. “The symptoms of these patients,” wrote Freud, “are not mentally determined or removable by analysis . . . they must be regarded as direct toxic consequences of disturbed sexual chemical processes.”¹

¹Freud, *An Autobiographical Study*, London: Hogarth Press, 1935.

This early theory of Freud's has never been modified, although it leaves unanswered the problem of *why* the victims of actual neuroses had not developed a normal sexual life.

Today it appears self-evident that excessive masturbation, compulsive sexual abstinence and coitus interruptus have to be considered as *symptoms* of severe anxiety and deep inner conflicts. They *can* be treated successfully by analysis if we understand their meaning and their dynamics, if we are able to remove the anxiety and to resolve the underlying conflicts. We must start by asking ourselves what inner forces might have prevented the patient from establishing a healthier pattern in his sexual life and from desiring and obtaining a fuller, more realistic satisfaction.

Is it a deep fear or rejection of sex? What conflict caused it? Is it an unconscious fear of the partner, or a repressed hostility against him, or an unrecognized competition with him? Is it the fear of losing control? Is it a result of a disturbed relationship of the patient to himself: neurotic pride, which makes the partner appear “not good enough,” or self-contempt, which leads the patient to feel unworthy of the sexual relationship? Is he afraid of the test situation which the sexual act may represent for him? Is he blocked by a conscious or unconscious devaluation of sex? Does he fear the responsibilities which may arise out of the relationship with a real partner? Does he sense some danger to the idealized image which he has formed of himself as the perfect partner, the inexhaustible super-male, the irresistible lover?

The mere listing of all these diagnostic possibilities—and it is by no means complete—indicates the only direction which a constructive approach to these sexual difficulties must take: *the analysis of the total character structure of the patient*.

Seen as a whole, the development of this character structure cannot be explained by the development of one of its parts: sex—even sex conceived of in the enlarged sense of Freudian interpretation. Character—from the Greek *charassein*, to engrave—is the engraved life pattern. It grows in dia-

lectical interaction between the total individual and the total environment.

Man is not only a biological organism, but also a social individual functioning within the greater whole of his culture. In the process of character analysis, apparently unchangeable "biological" and universal attitudes with regard to sex ("penis envy," "oedipus complex," etc.) reveal themselves as changeable, culturally fostered and neurotic. Our culture, characterized by a conflicting attitude towards sex which combines elements of devaluation of sex with over-emphasis on sex, and which still maintains the double standard, often reinforces the neurotic's conflict about the role of sex.

The sex-centered, non-holistic approach not only makes it impossible to form a valid concept of a character structure, but also prevents a correct evaluation of the sexual phenomena themselves.

SEX ROLE IN TOTAL CHARACTER

Even quantitative variations of the sexual function, as recorded in Kinsey's figures of "sexual outlets," are only symptoms; not of constitutional sexual endowment, but of the role which sex plays in the total character structure of the individual. Sex, like drinking, eating and sleeping, constitutes a vital need. This need not only varies in intensity with the individual constitution and the presence or absence of other satisfactions, it is also strongly influenced by unconscious factors, such as anxiety or neurotic drives.² This holds true for both minus and plus variations. It must therefore be kept in mind in the evaluation of statements made by patients with regard to the so-called strength of their sexual drive.

"Can a woman really enjoy sex?" was the surprised question of a patient who had been taught by her mother that sex is a necessary evil, to be used for social climbing and to be performed only as a marital duty. A highly attractive wife and mother who, however, rejected herself deeply, jokingly said before Christmas, "I hope Santa Claus brings me a sex drive."

² Horney, *The Neurotic Personality of Our Time*, New York: W. W. Norton & Co., 1937.

"I know what it feels like to be hungry or to be tired, but not how one feels when one is interested in sex" was the honest statement of another patient.

"I have a dislike for fussing around down there," said a woman who was extremely proud of her intellect, by which she tried to control her life, but completely alienated from herself and her body. To her, "down there" meant something beneath and outside her personality, which of course would never participate in the sexual act.

And the patient who tells us, "My sex drive is extremely strong," usually ascribes the intensity of his sexual needs to his innate temperament or his freedom from conventional taboos. Often he is filled with conscious or unconscious pride which is supported by the fact that in our culture a strong sex drive is still mistaken for evidence of real strength, of "strong masculinity." But anxiety and inner conflict often provide the extra charge for the patient's feelings. Here sex assumes the function of a *sedative*. Overemphasis on sex, as a cultural phenomenon, occurs at times during which anxiety and tension permeate public life, the prospect for full and constructive living appears poor and the real meaning of life seems to be lost. Where life as a whole seems futile, sex may become an over-evaluated substitute, a narcotic against anxiety and hopelessness, a stimulant to overcome a feeling of inner emptiness, paralysis and inertia.

Similarly, in the individual patient, overemphasis on sex should not be considered a sign of constitutional hypersexuality or of an excessive vitality and capacity for sexual enjoyment. Caused by anxiety and inner conflict, it may indicate a disturbance of the total personality, an impairment of the capacity to live and enjoy a full, creative life and to relate oneself to others as a whole person.

Qualitative variations of sexual behavior also can be understood and evaluated only as an expression of the total relationship which the individual has to himself, to the partner and to the role of sex. This refers as much to the preference of certain positions in the sexual act as to the so-

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called "sexual perversions." To use the stereotyped terms "masculine" and "feminine" in this connection, or to explain sadistic or masochistic patterns on instinctivistic grounds, is not a psychological interpretation of biological phenomena. It is the *biologization of psychological phenomena*. It prevents the real understanding of their dynamics. Only by uncovering the meaning of the so-called perversions with regard to their interpersonal and intrapsychic functions can the way be opened to effective therapy.

Furthermore, no isolated sexual phenomenon can be used as a criterion of emotional health or neurosis. Some analysts regard achievement of orgasm as a decisive criterion of progress in the analysis of female patients. While this may hold true for some patients in whom anxiety, self-rejection, hostility or the fear of losing control prevented orgasm, it is wrong to consider the occurrence of orgasm always a criterion of emotional health. Orgasm may occur in connection with the satisfaction of severely vindictive, self-effacing or narcissistic needs, and in neurotic-symbiotic relationships.

The holistic approach sheds new light on two further phenomena: the role of sex in dreams, and in the emotional experience of severely detached patients. The frequency of sexual symbols in dreams has been considered proof that sexuality dominates the unconscious emotions of the dreamer. While dream interpretation soon learned to differentiate between the manifest and the latent content of the dream, sexual symbols remained, as it were, exempt; they were regarded as expressions of sex as such. But the dream uses the entire realm of animate beings and inanimate matter to present the dreamer's total feelings and to dramatize his conflicts. Viewed holistically, the language of sex (including such symbols as castration, or acquisition of a penis, or varieties of sexual behavior) appears as a highly expressive code to denote the great diversity of our *total* interpersonal relationships, our conflicts and our attempts at solution.

A similar reevaluation is needed with re-

gard to the meaning of sexual images in the associations and fantasies of severely detached patients. The *total* experience of an interpersonal relationship, being beyond the emotional capacity of such an individual, becomes so limited that sex alone is left as an essential symbol of human closeness.

Neuroses, being disturbances of our interpersonal as well as our intrapsychic relationships, must strongly affect sex, our closest relationship, or, rather, let us say, the relationship which could be the closest one.

2. THE INTERPERSONAL ASPECT

The role of sex cannot be correctly evaluated as long as the love and sex relationship is seen in a mechanistic way as a shifting of sexual energy from a Subject A to Object B. However, this view, deriving from the earlier concept of thermodynamics, is at the bottom of the orthodox analytic concept of love and sex. The act of loving is seen as a transfer of libido from one person to another. "Being in love," says Freud, "is a state suggestive of a neurotic compulsion which is traceable to an impoverishment of the ego in respect of libido in favor of the love object." The result is that the lover loses, the loved one gains. In Freud's words: "Love in itself, in the form of longing and deprivation, lowers the self-regard, whereas to be loved, to have love returned, and to possess the beloved object, exalts it again."³ Freud here describes an important phenomenon which involves the relation between love and self-regard. But, as often, he takes a neurotic process as representative of a general, healthy relationship. He deals neither with healthy self-regard nor with healthy love. To him, self-regard is a combination of "childish narcissism, omnipotence as experience corroborates and gratification of object libido." The concept of healthy self-regard based on the genuine acceptance of a strong, real self is foreign to him. And that state of "being in love," which he correctly calls a neurotic compulsion, really is the state of "neurotic love."

³Freud, "On Narcissism," *Collected Papers IV*, London: Hogarth Press, 1946.

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which we observe in patients whose intrapsychic equilibrium is severely disturbed, so that their self-regard depends entirely upon getting love.

Nor does the concept that loving means losing hold good for the healthy individual. Healthy love gives as much, or even more, to the lover as to the loved one. The great poets have always known this basic emotional truth. Shakespeare has Juliet say:

"My bounty is as boundless as the sea,
My love as deep; the more I give to thee,
The more I have, for both are infinite."

Again, when Freud speaks of a "love object" or "sex object," his description is pertinent to a psychological phenomenon which really exists. This, however, is not typical of an emotionally healthy love or sex relationship, but for the way in which the neurotic is driven to use—misuse—the love or sex partner as an object in the service of his own neurotic needs. The terms love object and sex object impress us correctly as indicative of a "de-humanization" of love and sex.

For the neurotic, the partner ceases to be a human being in his own right and becomes an *object* for the satisfaction of neurotic needs, both on the interpersonal and on the intrapsychic level.

SEX AS A COMPULSION

Sex, which in a healthy relationship can be the expression of love, here becomes the *carrier of neurotic needs*; needs for getting affection and approval, or sadistic trends to dominate or live vicariously through the partner, or the search for glory through conquest, or the attenuation of self-contempt through the feeling of being loved.

The neurotic does not move spontaneously towards the partner. He is driven, without being able to direct or control the drive. As an unsaturated chemical compound is always ready to absorb the missing oxygen molecule from the environment wherever it can find it, thus, compulsively and unspecifically, the neurotic is driven to affection and approval, or triumph through

conquest, or self-glorification by proving his mastery. He will take them wherever he can get them.

The partner, expected to function as the object for this satisfaction, is liked and loved—the term love actually has no real meaning in this compulsive phenomenon—if, and as long as, he or she fulfills this function, but becomes disliked or hated as soon as the function ceases. What is specific is the neurotic drive only. The partner is not experienced as a specific person. He is exchangeable and often exchanged if he no longer fulfills his function in the neurotic's system.

The fulfillment of this neurotic function by no means depends exclusively, or even mainly, upon the actual personality or behavior of the partner. For example, the partner of the person who is filled with feelings of self-rejection and self-contempt automatically loses in value at the very moment when he accepts him. And the partner of the aggressive, conquering type exerts even less influence on the relationship; it is not he, as a person, who fulfills the neurotic need, but the unspecific act of conquest itself. When the conquest is accomplished, much or all of the attraction, frequently labeled "love" by the patient, will vanish.

Thus the dilemma of the neurotic is great. He cannot love but he needs to be loved. He cannot choose because he is driven. But, which is worse, he cannot *see* people as they are.

Walled off as he is from others, in the fortress of his defense' structure which has only small, thick, safety-glass windows through which to look out into the hostile world, the neurotic's perception of others is severely impaired and distorted. It is distorted by his own irrational fears and needs. He sees others almost as he sees the inkblots on the Rorschach cards. His picture of the other person is only to a very small degree, and sometimes not at all, determined by reality. It is determined instead by his own specific needs, wishes, more or less magic expectations and externalizations.

The psychological mechanism by which

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the picture of the potential or real partner becomes far different from reality operates to some degree in almost any love relationship, but most strongly in the process of so-called "romantic" love. Here the fact of distance is significant: external distance, which has always existed throughout the centuries, created by the barriers of class and convention; internal distance, as we find it between detached people who live predominantly in imagination and carry their barriers within them.

Stendhal calls this process *crystallization* and describes it as follows:

"After twenty-four hours of exposure to love, this is what happens in the lover's mind: if you throw a branch shorn of its leaves by winter into a deserted pit in the Salzburg salt mines, when you recover it two or three months later you will find it covered with brilliant crystallizations. The tiniest branches are adorned with an infinity of fiery diamonds. *The original branch is no longer recognizable.* What I call crystallization is the operation of the mind that draws, from everything it is confronted with, the discovery that the loved one has new perfections. . . ."

As described here by Stendhal, crystallization may temporarily enrich the lovers. But from the analytical viewpoint it is a source of unavoidable dilemma because the closeness of everyday reality is apt to dissolve these crystallizations. To the neurotic it is, moreover, a constant danger. Alienated from the sources of his real self, he expects fulfillment through the partner. The color of his crystallizations reflects the color of his neurotic needs. He endows the partner with just those qualities he most needs to find, and he lives, not with the real partner, but with the image he has created.

For example, a self-effacing patient, with extremely strong dependency needs and longings to be loved and cared for, endowed his wife with the qualities of a generous, warm, maternally loving woman. Occasionally surprised by the complete absence of

any evidence of such love, he explained it as an inability to express emotion. However, this was nothing but an externalization of one of his own main characteristics. Well protected by this crystallization, his wife deceived him with several other men.

Dependent persons with strong wishes to be free from the responsibility for their own lives endow their partners with a magic capacity for caring, understanding, and guaranteeing security. They panic when more and more of these crystallizations crack under the impact of real events.

The over-expectations which the neurotic has with regard to love and sex as a solution, and concerning the partner as a "magic helper," are bound to be frustrated.

In the relationship of the neurotic the role of sex itself is completely overshadowed by the elemental force of his compulsive needs. He himself experiences their intensity often as a state of sexual infatuation or as an insatiable hunger for sex gratification. It is, therefore, diagnostically wrong and misleading to evaluate actual sexual contacts of patients, be they frequent or infrequent, as evidence of the patient's desire for sex or his enjoyment of it.

SEX AND SELF-ALIENATION

For example, the self-effacing girl, alienated from her real self, is driven by extreme need for affection, for being liked, for "belonging" to someone. She cannot say "no." She is afraid to lose another person by refusing a sexual demand, whether or not she really likes the partner. Asked, later, about her sexual experience, she will often say, "Oh, I did not mind it," thereby clearly indicating that her sexual experience did not serve as enjoyment, but constituted a *payment* for the satisfaction of her dependency needs—a payment which she expected to raise her self-esteem. But it did not and it could not do so. To such a person, who, due to inner conflict and self-contempt, feels unlovable, sex may look like an almost miraculous way out of self-doubt and self-contempt. But the sex experience itself becomes quickly devaluated. "Oh," she says to herself and, not too rarely, to the partner, "he wants me only for *that* and not for my-

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self." More and more claims are made on the partner, who has to show that he "really loves her." And the insatiable need of the self-contemptuous person who is convinced that she is unlovable is certain to destroy the relationship.

The predominantly aggressive, expansive person puts sex in the service of self-gloryification. To a man of this type, the whole area of sex becomes a battlefield, a testing ground for the establishment of his "masculinity." He records each conquest much as the fighter pilots used to make a mark on their planes for each enemy machine they had shot down. A highly schizoid, sadistic patient, who was just beginning to overcome his impotency, had a fantasy in which he saw himself gleefully raping woman after woman. The women were moved towards him mechanically on a rotating disc such as one might find in a machine shop where a steel rod pierces a rotating sheet of metal.

The person whose neurotic pride is invested in conquest often needs resistance in the partner as a challenge. Without it, the partner and the relationship itself quickly lose in value for him. He derives a special thrill from crushing the partner's emotional resistance. One of my patients said, "I knew that the moral principle of the girl was against her doing it, but just that motivated me to get her. It gave me a tremendous feeling of power."

The aggressive person often is completely unconcerned about the partner, ignores her feelings, disregards her fatigue, stress of work or illness and considers them as opposition. He stands on "his rights."

SEX AS A WEAPON

Sometimes a man who is driven by his need for self-gloryification *appears* interested in the fact that the female partner reaches her orgasm. But the way in which he is interested in it is more reminiscent of one who, at a fair, tests his strength by swinging a mallet onto a lever which shoots up to ring a bell, while his girl friend watches. He feels personally offended if the bell fails to ring. His neurotic pride, invested in his potency, is hurt.

This is not a rare phenomenon and often contributes to severe marital conflict and divorce. But it will be repeated in any relationship as long as sex functions as a *weapon* in the service of self-glorification. The relative frequency of this phenomenon does not, however, justify the prescription given in a recently published sex manual: "To keep peace in the family, the frigid woman might even be advised to pretend to have an orgasm. This would flatter the average husband and tend to keep him at home."

Incidentally, sex information is by no means identical with sex education. The neurotic character structure also uses the "facts" in the service of vindictive-sadistic needs and for externalization of the conflict. Kinsey's statistics about the average duration and frequency of the sex act and about the symptomatology of orgasm are misinterpreted and misused as a "norm" which *should* be reached. Failure to reach this norm often intensifies self-contempt or leads to its externalization on the partner. Male neurotics become enraged when some of the described signs and symptoms of orgasm are lacking; and a female patient with repressed competitive, sadistic needs began to check the "masculinity" of her husband in terms of minutes and seconds.

To the predominantly detached person who invests neurotic pride in his independence, sex often becomes inordinately important as a substitute for real human closeness, as the only available *bridge* leading out of his ivory tower. But his over-sensitivity to what he experiences as coercion makes him irritated, frightened and even enraged, when he feels that he is expected really to share emotional experiences, or to commit himself to a relationship. Such a person may want and enjoy sex if *he* initiates it. But the same person, in the same relationship, may become furious when the partner wants it or when he feels that it is expected of him. He soon gets a feeling of being used. To comply with the wish of the partner is, he feels, a defeat, a surrender of freedom.

He enjoys sex only if it does not interfere with his own life and does not put any

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responsibility on him. He finds sex tolerable only as long as it remains impersonal. The major part of his love and sex life takes place in his imagination. The partner of such a person might well ask, even during physical contact, "With whom is he deceiving me now?"

Asked for that real human closeness which is part of any healthy sex relationship, the detached person often responds with anxiety or rage, sometimes expressed only in psychosomatic symptoms; sometimes by real panic.

3. THE INTRAPSYCHIC ASPECT

Turning now to the intrapsychic aspect of sex in neuroses, I am aware that in discussing the interpersonal aspect we have already dealt with results of intrapsychic disturbances.

Intrapsychic and interpersonal dynamics really are only two aspects of one and the same phenomenon. (A similar problem exists in psychosomatic medicine, where we must learn to see the psychic and somatic aspects as two approaches to the same phenomenon).

A healthy love and sex relationship requires genuine acceptance of the self as much as the full acceptance of the partner. Only the person who truly accepts himself is able to accept the partner as an individual in her own right.

Today we know that constructive intrapsychic forces are active in us, which improve and solidify our own relationship to ourselves, and destructive ones which undermine and destroy it. The stronger the constructive forces, the closer we are to our real selves and the better able to give love and sex the quality of constructive experiences. At the same time it becomes more likely that love and sex experiences will contribute to our emotional growth.

A few words are indicated here about *love as a curative force* in the lives of our patients. It cannot be doubted that to receive love and affection is a helpful—and often vital—experience, especially for a person who grew up in an atmosphere of emotional starvation. But what another person does for a neurotic cannot undo what he

does to himself—for example, hating or trying to destroy his real self. In the self-effacing as well as in the vindictive individual, love may perpetuate the existing neurotic pattern. Only when the inner conflict becomes solved and the energies which were bound in the neurotic structure are set free can love—will love—contribute to emotional growth.

The neurotic structure—originally formed as a defense against basic anxiety and a world experienced as potentially hostile—weakens a person by alienating him from his real self. It draws energy away from the center, the real self, in a centrifugal direction to feed the idealized image and to fortify the compulsive defense mechanisms at the periphery.⁴ The pride system and the failure to reach the idealized image generate the destructive forces of self-hate, self-contempt, and self-rejection.

Genuine self-acceptance, as it is required for a healthy sexual relationship, includes the acceptance of one's own body and one's natural sexual role. Early alienation from the real self, especially when it reaches the degree of strong, unconscious self-rejection, creates the soil in which grow doubts about one's true identity, acceptability, lovability and about one's sexual role. I believe that the origin of homosexuality is closely related to an extremely severe, early alienation from the real self and a strong, destructive rejection of it.

A highly important expression of unconscious self-rejection is its externalization in the form of the development of a *negative body image*. This image, which is of course completely independent of the objective appearance of the body, may involve either the whole body, its size, shape, smell, or any special part of it, from the color and type of the hair, shape of nose and ears, to the measurements of the waistline, the width of the hips, the curve of the legs and size of the feet. The negative body image centers with particular frequency in the breasts of the woman and the penis in the man. Culturally fostered stereotyped concepts of masculinity and femininity rein-

⁴ Weiss, F. A., "Neurotic Conflict and Physical Symptoms," *Am. J. of Psychoanal.*, VI, 1946.

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force the significance of the body image in the neurotic. Actually existing physical disorders like a skin eruption, moles or scars, or even minor deviations from the culturally promoted type of beauty, while they by no means necessarily lead to self-contempt, strengthen the negative body image in the person who rejects himself.

The negative body image plays an important role as an externalization of the feeling of being unlovable. To deprive the patient of this externalization, for example, by means of a nose, breast or skin operation, without analytic therapy—which, incidentally, very often removes the need for the operation—is apt to produce highly negative results. In many cases it leads to depression, aggravation of the neurosis, self-destructive attempts or psychotic episodes.

The phenomenon of the negative body image as an externalization of hostility against, or rejection of, the partner often constitutes the basis of what is wrongly called "physical incompatibility." One of its expressions may be complaints about the disproportionate size and shape of the genital organs, the significance of which is exaggerated in popular sex books. The role of so-called physical incompatibility as the externalization of conflict was shown in the case of a couple who had started their marriage as a morbid dependency. Both partners were in analysis, in whose course competitive, aggressive trends were freed from repression. Suddenly both partners began to complain that their "bodies were too edgy and sharp to have and enjoy sex"—an impression which completely disappeared with the improvement of the human relationship.

One important manifestation of alienation from the sources of the real self is the feeling of emotional deadness. Such a person craves love and sex like a blood transfusion, a vitalizer which provides, for moments at least, the feeling of being alive. The emotionally dead are like the statue in Rilke's poem which says:

"Will no one love me?
I shall be set free from the stone
If someone drowns for me in the sea,
I shall have life, life of my own . . ."

But if the statue comes alive, so the poem continues, it will suffer and long again for the sacrifice which has given life to it. In the same way, the person who is emotionally dead will yearn again and again for the vitalizing effect of being loved and stirred up sexually.

4. THE NEUROTIC SYMBIOSIS

This is the tragedy in the neurotic's love problem. His capacity for love is very small, but his need to be loved is tremendous. Alienation from the self and rejection of the real self exist, to some degree, in all neurotics. But with regard to love and sex a paradoxical situation arises: the greater this alienation and self-rejection, the greater the need to live vicariously through a partner. This explains the occurrence of a phenomenon which deserves the attention of the analyst: *the neurotic symbiosis*.

A good example of early alienation and self-rejection which predestine the individual to a neurotic symbiosis may be found in the character of Philip in Somerset Maugham's *Of Human Bondage*. Philip has lost both parents when a small boy, has been raised in a strict, loveless foster home and humiliated by his fellow students because of his clubfoot. He feels worthless, unlovable, and has nothing but contempt for himself. But his alienation from his real self goes a step further: he actively rejects himself, rejects his own identity.

"He would imagine that he was some boy whom he had a particular fancy for. He would throw his soul, as it were, into the other's body, talk with his voice and laugh with his heart. . . . it was so vivid that he seemed for a moment to be *no longer himself*. In this way he enjoyed many intervals of fantastic happiness."

These intervals of "fantastic happiness" are achieved by means of the successful rejection of the hated self. He gets temporary relief from his self-contempt, but this active destruction of his own identity represents the strongest degree of alienation from the real self. Thus undermined, he is bound to become the helpless partner in the morbid dependency relationship with Mildred, a sadistic, vindictive character.

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The basis for a neurotic symbiosis may be provided by the satisfaction of any neurotic need. But I believe particularly that two types of emotional dynamics, separate or together, lead to its formation and generate the energy for its enormously strong coherence.

Here the neurotic needs for approval, affection, protection, "belonging" and avoidance of responsibility in the self-effacing partner meet the complementary needs of the expansive partner for aggression, domination, control, and the power to mold the other to his will.

The expansive or sadistic partner in such a symbiosis often appears in the guise of a highly civilized husband or wife, a benevolent educator or generous sponsor who, like Professor Higgins in Shaw's *Pygmalion*, tries to raise the backward partner to his or her own high moral or cultural standards.

This type of symbiosis temporarily provides a neurotic equilibrium in which the lack of assertiveness in one partner is compensated for by the aggressiveness of the other. But competitiveness, resentment and suspicion are only dormant.

From the viewpoint of analytic therapy, the analysis of one partner may also effect constructive changes in the other. However, it is often advisable for both to go into therapy, if possible. Otherwise the existing neurotic equilibrium may become disturbed without the establishment of a new, healthy relationship. If only the expansive partner is being analyzed, the self-effacing partner may experience anxiety because he begins to miss the aggressive and domineering qualities of his mate, which he experienced and needed as supporting strength. Or, if he harbors perfectionist trends, he may start to miss the strict standards of the sadistic dictator that were needed as a substitute for the values and the ability to take responsibility which he, himself, lacked.

If only the self-effacing partner is being analyzed, his increasing assertiveness may produce friction and enrage the other, who may feel at a loss to understand why his victim no longer gratefully accepts his "generous education."

THE MAGIC MIRROR Symbiosis

Here each partner supports the other mainly by functioning as a mirror of the other's idealized image. The partner is needed for protection against self-hate and self-contempt. Love and sex are used as a kind of alkalizer, to neutralize the acid of self-contempt which is being formed incessantly.

This type of symbiosis indicates a higher degree of neurotic self-alienation and is therefore often found in homosexual relationships.

The idealized image of the expansive partner in this case includes strength, mastery and uniqueness; that of the self-effacing partner often contains—in addition to "goodness" and the ability to surrender himself in love—attractiveness, especially sexual attractiveness, which frequently will be experienced by this person as the main asset he has to offer.

If narcissistic trends predominate, the mirror function of the partner consists in reflecting a rather elaborate idealized image which the narcissistic individual has formed of himself in retrospective idealization of his past, or anticipatory idealization of his future. Here again, the mirror function means everything; the real person involved, almost nothing.

Often, the self-effacing person unconsciously hopes to acquire, through a kind of osmosis, the desirable qualities of the partner, especially those which to him signify strength, independence, or, in homosexual relations, "masculinity."

This type of symbiosis is likely to break up at the very moment when the mirror mechanism ceases to operate. Strong, competitive hostility, always close to the surface, breaks through and the accumulated self-contempt and self-hate, no longer neutralized, lead to severe anxiety, depression, or self-destructive impulses. It is usually at exactly this time that such a patient enters the analyst's office.

From the psychoanalytic point of view, the dependency symbiosis remains a neurotic phenomenon regardless of which sex supplies the expansive-vindictive partner and which the self-effacing one. But it is

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characteristic of our culture that it is rather willing to accept and even glorify the dependency symbiosis if the expansive partner is the male, the self-effacing one the female. The aggressive, domineering he-man is glorified as truly masculine, even if he shows strong sadistic trends, as pictured in the movies by Humphrey Bogart. The submissive, compliant woman is often glorified as truly feminine, even if she is self-effacing to the degree of self-elimination. However, if the roles of the sexes in the dependency symbiosis are reversed, the cultural evaluation changes completely. The variants of the expansive female and, especially, of the self-effacing male meet with severe condemnation. This intensifies *the dilemma of the self-effacing male*. His conflict is basically caused by the fact that his strong neurotic needs usually require both: to be fully accepted and loved in the dependency symbiosis, and to have the means for self-glorification provided by the magic mirror symbiosis. But the simultaneous satisfaction of these needs is impossible to achieve. The symbiosis, by its very nature, leads to a severe exacerbation of his conflict. The self-effacing man, who fears rejection and longs for total acceptance, frequently harbors an idealized image of "purity" which leads to an almost paralyzing inhibition in sex. Therefore he chooses—or rather, as we said earlier, is driven to—the woman who is willing to take the initiative and the responsibility for the relationship notwithstanding his inhibitions. He welcomes the aggressive woman. Her attitude changes his experience of the sexual act from one of active assertion, which he still fears, into one of total acceptance which enables him to participate in the relationship and to function sexually.

But gradually he will begin to resent in the woman just those qualities which attracted him originally. Her assertiveness

now is experienced as a tendency to dominate. To maintain the relationship, he also needs the support of his idealized image of being attractive, lovable and admirable as a man. However this idealized image will inevitably become undermined as, in the process of everyday living, he becomes increasingly aware of his dependency and passivity. This progressive awareness may be symbolized, for example, in a dream in which he gives his penis to his wife. The mirror function is bound to cease. His self-contempt, no longer neutralized, leads to depressions, listlessness, decrease and eventually disappearance of sexual desire, and even actual impotency.

The goal of analytical therapy in the treatment of these severely alienated patients, female as well as male, is the gradual overcoming of the destructive forces of self-hate, self-contempt and self-rejection, which cause hopelessness and paralysis, and the mobilization of the constructive forces which lead to self-realization. Through solution of their deep inner conflicts, these patients become freed from the need for self-idealization and vicarious living and able to live emotionally by their own strength. Based on this strengthening of their real selves, they acquire the capacity to form a mature love and sex relationship.

The neurotic symbiosis, while it is often mistaken for "great love" by the partners and in literature, represents the extreme opposite from the analytical viewpoint. The neurotic symbiosis is a compulsive bondage of two weak, undermined selves who are chained together and support each other's neurotic structures. Thus the neurotic symbiosis maintains the status quo of self-alienation and prevents healthy growth and autonomy. Mature love is the voluntary sharing of two full lives, which enriches both partners and contributes to the growth and self-realization of both.

CHILDHOOD MEMORIES IN PSYCHOANALYSIS

MURIEL IVIMEY *

IN THE DEVELOPMENT of a new theory of neurosis, many factors observed in the light of the preexisting theory come to be understood differently. One such factor is the significance of childhood experiences. These are of crucial importance in neurosis, but what they signify is seen in radically different ways by Freud and Horney, and the analyst's attitude toward the patient's memories is influenced by the theory he uses.

In the chapter on childhood experiences in *New Ways in Psychoanalysis*, Dr. Horney concentrates mainly on Freud's contention that the distress, frustration and driving needs and conflicts felt by the neurotic individual in his daily life are direct repetitions of identical needs and conflicts experienced in childhood relationships with those who were closest to him. Hence, analysis of present, specific neurotic problems must focus on what is believed to be their specific sources in events experienced by the individuals twenty, twenty-five or thirty years before.

According to Horney's theory, the basic impairment in neurosis is not limited to one area—the individual's sex life—and characterological disturbances are not essentially derivatives of sexual disturbances. A child is not born with innate potentialities for the development of abnormal cravings and hostilities, or fears and jeal-

ousies. These make their appearance spontaneously in early childhood in relation to parents, and must be resolved either spontaneously or through analytic treatment later on. Nor are manifestations of neurosis in adult life the direct expression of unconscious infantile fixations alone. Thus, the solution of neurotic conflicts in the adult does not depend essentially on tracing their origins back to childhood and to relationships in childhood.

In Horney's view, the impairments brought about by neurosis involve the person's whole being. They show in disturbances in his inner relation with himself and, generally, in his relations throughout life with all other people. Disturbances in the sex life are an expression of the general disturbance. Human beings, like all other live organisms, have at birth potentialities for the kind and extent of growth and development which is natural for them. Given the necessary conditions for appreciating himself as an individual, and for realizing a sense of worth and importance, the human being, though young and small, will have a good chance to achieve solid, realistic self-confidence, stability and healthy growth and expansion. When the people making up the child's immediate environment fail to provide benign, fostering care, when they are unaware of the child's real needs, when they neglect him and actively

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block spontaneous growth; in brief, when conditions are adverse to natural, healthy growth a foundation for neurotic developments is laid in the child.

A neurosis gets its initial impetus from the child's feelings of helplessness, isolation and reactive hostility. He then has to direct his energies toward coping with external conditions which factually endanger him. Inner processes are set in motion which lead to the elaboration of a highly complex and intricate system of defenses, constituting a neurotic character structure. In response to early neglect and hostility, basic anxiety arises. And more anxiety is generated from within as a result of unconscious, compulsive, conflicting impulses. In his struggle to avoid being caught in inner conflicts, the individual evolves unreal solutions of his conflicts. These give rise to more severe conflicts, more anxiety, and additional, more drastic steps to protect himself from disturbances, inside and out. These intrapsychic developments lead to the establishment of whole neurotic ways of life which must be maintained at all costs. The individual is totally unaware that he has become more and more separated from the real wishes and interests of a free human being. He is unaware that he has first drifted away from his real self, then actively rejected what is real and vital for his growth, what is necessary and good for his development. Because of this, he factually stands deprived of inner resources with which he could change his compulsive way of life and liberate himself from neurosis.

QUALITATIVE NEUROTIC CHANGES

From childhood, through adolescence, to adult life, there is a great expansion of intellectual, emotional and spiritual capacities. While the individual persists in his identity, these changes in his capacities bring about qualitative changes in his neurotic interests, needs, values, aims and ambitions. These are new and different from the needs and interests of a child. As an adult, he has a greatly enhanced capacity to manipulate life situations and other people to suit his driving needs. He

has a larger capacity to manipulate and distort his own thinking and feelings to suit and justify the manner of life he has perforce adopted. He has a greater capacity and facility for avoiding and for actively warding off anything from within or without that might shake his misbegotten faith in his neurotic ways. The powers of the adult, constructive and destructive, are vastly greater than those of the child.

We discard the notion that manifestations of neurosis in the adult are nothing but extensions, elaborations and symbols of infantile strivings. We do not believe that they can be reduced to, and equated with, childish needs for a partner, for love, or merging one's life with another's. It is insufficient to say that these factors in the clinical syndrome of adult morbid dependency can be traced back specifically to the baby's need for the mother's breast. The total involvement in all its detail will never be measured by exploration of the individual's childhood alone, no matter how exhaustive the study. The individual now is actually no longer interested in being breast-fed. His present needs have another character and meaning. They are more comprehensive, more sophisticated, more intense and often more vicious. New and different issues are involved. The concept of love and of being cared for is immeasurably expanded, distorted and perverted. The kind of frustration the individual feels strikes at his irrational pride and at his abysmal self-contempt, neither of which existed in the infant. For the adult, being appreciated in the terms his idealized image demands raises him to a seventh heaven. Feeling unappreciated he is exposed to the terrors and torments of self-hatred and self-destructiveness so intolerable that he must protect himself by feeling it is others who despise him. He is between the devil and the deep blue sea. Involved also are many subtle and surreptitious machinations against the partner. Attempts are made to extort devotion through punitive measures. Ill-treatment is invited in order to enhance the suffering which, in turn, justifies neurotic claims for love. And always in the offing is the day when secret wishes

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for vindictive triumph will be miraculously satisfied.

Our focus on the intricacies of the present neurotic structure is dictated by two clear issues in the therapeutic process. These are:

1) The fundamental importance of obtaining the fullest, most complete knowledge possible of all that has developed since childhood, and that is now going on.

2) The clear and unambiguous concept our theory offers as to the dynamics of therapy.

Let us consider the latter point first.

We have dispensed with the notion that the forces in operation in neuroses are instinctual in nature. We see them as intense emotional forces which have been mobilized in response to deep, hidden weaknesses and fears. Our experience leads us to feel that these forces have acquired such deep and powerful roots in the inner life that it is little wonder that they were formerly believed to be instinctual. But our experience also shows us that it is within the power of the individual to struggle with, and prevail over, these forces if the analyst devotes sufficient time, attention, patience and skill to the work of analysis. With each real insight and each constructive move by the patient, his self-confidence increases, and a sense of ability and personal responsibility emerges and grows stronger.

We are dealing with two main forces in analytic treatment: the forces maintaining neurosis, and the patient's innate potentialities for changing, outgrowing neurotic ways and achieving a rational, productive way of life. We aim for gradual change in the neurotic structure as it exists in the present through mobilization of the patient's constructive forces. This requires concentration on present involvements. For not only do the retarding forces maintaining neurosis have a terrific hold on the patient, but the potentially active and effective forces of the real self are very likely unknown to him. This unawareness results from his loss of all concern for his own welfare, and his rejection of responsibility for his fate as a human being.

If we do not appreciate the developmental factors in neurotic processes, the human being's fundamental desire to be well and whole and the forces at work in therapy, the constructive capacities of the patient may well be overlooked. The analyst must apply himself undividedly and undeviatingly to the struggle between the retarding and constructive forces in the present. Since the neurotic structure is so intricate and strongly defended, and since every element has such a high subjective value to the patient, analytic therapy is long and arduous. Hence it is the present that needs the closest attention. For it is in the present that the patient will become aware of how and in what ways he is involved, and in the present he will discover his need and his ability to set himself right.

PAST AND PRESENT

Our emphasis on the present can be, and has been, misunderstood to mean a disinterest, or even a neglect of, the patient's past experiences. This comes in part from superficial or fragmentary reading of Horney's works, in part from sheer lack of experience in thinking and working along the lines her theory offers. Even our patients protest, not infrequently, that there seems to be a taboo against discussion of childhood experiences.

Let me discuss this misunderstanding. Freud's invaluable observation that the past is contained in the present is indisputable from our own experience. But he concluded that the past which is in the present is the prime factor and the essential material for analysis. This totally obscures the whole process of neurotic development and the extent and complexity of present involvement. There has been set up a dualism between past and present, with the past all-important for the understanding of neurosis. The present is admitted only in respect to the patient's responsibility to extricate himself from the ancient and naive conflicts of childhood. The dualistic concept has had the practical effect of putting drastic limitations on the analyst's understanding of the character and extent of present conflicts. It also has had the ef-

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fect of neglecting the patient's need for concrete help in finding out how, and with what resources of his own, he can solve his conflicts in reality.

In our concern with the present, we do not see a dichotomy between past and present, and we do not maintain that the mere reversal of Freud's attitude—i.e., focusing on the present to the exclusion of the past—is the key to understanding and to progress in analysis. But we take the whole present in which the past is contained and deal with it comprehensively, as a unified totality. We see the present as encompassing a great deal that is related to the past and a great deal that is not. In studying the whole present, we obtain as full and complete knowledge of our patient as possible. We learn the conditions under which his neurosis started in childhood, the details of his particular life experience as a child (and thereafter, to the present time), how he experienced the various vicissitudes of his life, what they meant to him, what shifts and changes he made to preserve his uncertain equilibrium, and what devices he turned to in order to keep going under his handicaps, in order to function and feel alive and worthwhile. Insight into the whole sweep of the individual's life and the whole present character structure in all its complexity is essential to thorough and productive work with the patient. With such full knowledge, we can also estimate approximately what are the availability and strength of his constructive forces, and how strong and entrenched are the destructive forces.

As for that part of the present whose manifest content is that of past experience, it is the concomitant feeling which makes the past a present, active, motivating force. We are hardly justified in speaking of the past as past. Present feelings about the past are probably never quite the same as they were in the past. The child's feelings of helplessness, isolation and hostility in reaction to actual experience of a neglectful and hostile human environment are not identical to adult feelings about oneself and the world. The emotional and situational experience is different. This is because the

adult's world is bigger. It has wider horizons and, hence, its hostility is multiplied a thousandfold. Such feelings in the adult are also infinitely more intense and terrifying because neurotic developments have led to conscious or unconscious self-hatred and self-destructiveness.

EFFECT OF MEMORIES IN NEUROSIS

Memories play a very important part in neurosis and as such they must be taken into account in analysis. They become woven into the neurotic structure and influence neurotic development in very specific and telling ways. The facts of past experience can become exaggerated, distorted or entirely extinguished by present driving needs. The emotions associated with past experience can change radically, according to the needs of the present. Memories, true or false, can influence the perception of and reaction to present reality. They can determine all manner of defensive attitudes, needs, fears, rationalizations and resistances.

This merging of past and present constitutes a fantastic distraction from real life in the present. It has the effect of inhibiting and vitiating energies which could be applied to constructive changes. In the same way and with the same effects the future is brought into the present. A good deal of the patient's living is done, so to speak, in the future, or subjunctive mood—in irrational terms of what *will* happen, what *could* happen. Current thoughts and energies are occupied with fantastic anticipatory fears and terrors, fantastic future satisfactions and delights. The past and the future can become linked together in a terrifying way: the past having a determining, even threatening, power over the future. On the other hand, there may be a complete hiatus between past and future, with the individual suspended in a present which has no continuity with the past and no projection ahead. He has nothing to make him feel he had and has and will have reality in himself, nothing behind him to learn from, nothing to expect and work toward. Neurosis brings about alienation not only from the real self, but from the actual present and the past.

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In so far as the patient in analysis is hampered in gaining understanding of himself or achieving an unobstructed view of what he needs to do for himself and for a good future development, his preoccupations with the past, or his lack of feeling for the past, constitute a strongly retarding factor in therapy. When his memories are divested of their power to blind and cramp him, and when the whole historical truth is seen clearly, he will be able to relegate the past to its proper place in his personal history. He can truly feel that the past is past. It is matter-of-fact record. It cannot be changed. And the patient's attention properly belongs to the present and the immediate problems of his neurotic way of life. Past experiences can then be a valuable store of material for his understanding and acceptance of himself as he was, of everything he went through later on, every predicament his own drives created, every sacrifice he had to make, everything he did accomplish under his psychic handicaps.

We see that memories serve as retarding factors in therapy, but that they can also serve constructively in the interests of clarification, understanding and learning. I have already referred in a general way to the main ways in which memories are used in neurotic interests. It is when we observe and discuss these matters analytically with our patients that we are apt to meet the argument or the reproach that we are not interested in the past. Actually, in this context, it is not the facts of past experience that are the issue. The issue is: are the memories, and the feelings associated with them, serving to support and maintain neurotic processes at present, to obscure insight into present problems, or to block the patient from tackling his problems?

When in analysis it seems that one of these issues is involved, we raise the question: "And what does this mean to you now?" Or, "what is there about this that is important now?" The patient may take these as rhetorical questions implying that the *material* is unimportant and that we don't want to bother with it. The real meaning of our question is a genuine interest in exploring present implications.

Yet even when this is explained, the patient may, nevertheless, miss the point and want to embark on a heated discussion of past versus present. We then begin to see that there is an active interest in not wanting to see what his memories are being used for in the present, but in wanting to regard them as something that is significant only in the long ago. It is important to recognize when the discussion is turning into a debate, for otherwise we can find ourselves naively expounding theory. This is likely to precipitate a point-blank disagreement by the patient and a greater tenacity in avoiding the present implications of his memories. He then tends to burrow into the memories, pull the hole in after him and defy all our efforts to clarify anything.

INTERPRETING THE PROBLEM

In avoiding a debate and being attentive to the patient's retrospections, we can be considering what this misunderstanding means. It is, first, an automatic defense of some factor of great importance in the present neurotic structure. The stronger the defense the greater the present subjective value. Out of recurrent associations with the past one can usually identify some need, such as the need to externalize, over-emphasize suffering or blame others. An interest in avoiding anything problematic is shown in the wish that one could be born again and live life over. Then there would be no problems. In focusing on other ways in which such needs are expressed, a loosening up of these tendencies may occur, progress may be made and recurrent associations with the past may gradually disappear. Or the patient's tendencies in other areas may be put in context with his attitude toward past experience. This tends to broaden the basis of discussion and be more acceptable.

One illustration of the present implications of persistently recurring associations with past experience is a practising attorney-at-law in his early fifties. He presented the clear picture of the arrogant-vindictive way of life, with need for mastery the ruling passion. In the main this took the form of mastery through knowledge, with an enormous emphasis on supremacy of the mind.

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Prominent characteristics were a complete conviction of being an intellectual genius, tremendous claims to absolute rightness, claims to the right to be outrageously blunt and offensive with impunity. This lawyer was convinced of the ruthless hostility of the whole world. Everyone was out to get him and it was quite reasonable and logical to attack first. The picture was modified by great conscious fears of retaliation. Because of this, his offensiveness was generally held under control in certain areas. On the surface he was usually quite civil, with even a touch of good humor and amiability. But in relation to certain individuals he was harsh and brutal and had no appreciation of the effects on them. He had tormenting fears of failure, poverty, illness, sudden death. He was completely absorbed in his idealized image; self-hatred was entirely externalized in the active form. All softer feelings of consideration, generosity, cooperation and gratitude were rigidly repressed.

PATIENT'S MEMORIES OF FATHER

In this analysis, there were persistent recurring associations with childhood experiences. He described his father as a tremendously aggressive and sadistic individual who frustrated, abused and exploited him, while indoctrinating him with a jungle philosophy of life. His mother, who was soft and affectionate, died when the patient was three years old, and he was nominally placed in the care of two aunts who were amiable, but weak and essentially neglectful. The father stood out in the patient's memory as a devil incarnate. The patient expressed bitter hatred of him. He would cite incident after incident of deprivation and ill-treatment at his hands and emphasize the pernicious values his father had inculcated. He would go over and over these incidents with bitter gusto, a sort of grim satisfaction, with nothing to indicate any spontaneous objective criticism or disagreement. One had the feeling that while depicting himself as the helpless victim, he secretly had some axe to grind in these repetitive recriminations.

In the course of time in analysis, ex-

ternalizing tendencies of formidable proportions came to light. Many current incidents and reactions were discussed which indicated irrational suspicions of violent hostile intentions and behavior on the part of others. The patient would assign motives and activities quite positively to others which simply did not exist. Marital relations were extremely disturbed, especially since the wife was of the self-effacing type. If I had not been well acquainted with her, I could have assumed, from the patient's account of some of their quarrels, that she was a tigress, vicious, assaultive and ruinously exploitative, which was not the case. Genuine insight into his problems was extremely difficult to achieve. He was very observant and interested in his neurosis, but his knowledge was all intellectualized. He regarded himself and his neurosis as a fascinating machine and took great satisfaction in his own findings. He spontaneously took to a highly mechanistic view of the sources of his difficulties and would make what he considered brilliant discoveries in which he related all present disorders of the machine to his father's treatment of him.

The patient remained for a long time helplessly caught in the toils of his pride system, his fanatical conviction of the power of mind, his fanatical conviction of the absolute correctness of his mental processes. What he conceived of was so by mere virtue of its being *his mind's* conception, and this held true, in his opinion, in his analysis of his difficulties. Nevertheless, it was possible for him to begin to feel some interest and concern for himself in connection with his exhausting drives for accomplishment and with what he suffered consequent to his fears of retaliation, poverty and death. He has made some significant changes in the direction of some humanness toward himself and others. One of many problems still to be worked at is the problem of his childhood memories.

In my opinion, the following processes are involved. The memories *en bloc* represent a massive externalization of the intrapsychic state of affairs, of the central conflict between the proud self and the

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despised self. The patient is identified with his neurotic pride and dedicated to vindictive triumph. In so doing he has turned against himself with vicious and brutal hatred, yet with torturing fears of his self-hatred. He sees this in his mind's eye, not as something that is going on in himself, but as something displaced to his father, in the past. If we took his account of childhood experiences at face value, we would be tempted to think of this as a simple development, in the nature of "like father, like son." But we would be disregarding important developments since childhood which can give us just the reverse understanding—that is, "like son, like father." For since childhood there has been a riotous new growth in the patient's imagination. His own concept of absolute genius, his own tyrannical coercions, his own deep dread of utter helplessness against the rage of the tyrant in himself are at work.

There seem to be two compelling reasons why he must not acknowledge inner responsibility, but must persist in assigning responsibility to his father. One is the avoidance of his own self-hatred and self-destructiveness. That this is a cogent factor appeared at one point during analysis when he was faced inescapably with a failure and had a transitory impulse to shoot himself. It is indeed safer to experience hatred and ill-treatment from others, for one can then feel buoyed up by righteous indignation and by a compelling need to strike back and avenge oneself.

This brings us to the second reason why our patient must not acknowledge inner responsibility for his problems: the driving need for vindictive triumph. This came out quite clearly in open expressions, such as, "I'll show him!" That needs for vindictive triumph are more extensive and pervasive is revealed in the expressed need to "show them—all of them." This very need has a bearing on the persistence of these childhood memories, for it is necessary to keep the record of suffering, injustices and hardships in tiptop shape, to have an efficient filing system in which one can readily put one's hand on the offense,

the time, the culprit, the consequences, and also on what this culprit has coming to him in the future when scores will be paid off. I have the impression that in the patient's intellectual ratiocinations in analyzing his own difficulties what he finds goes into this record. Since all of this involves placing the responsibility outside himself, it does not help him in focusing on his own inner problems and working toward constructive changes. But I believe he can be helped through the more sympathetic, human and decent feeling for himself which seems at present to be taking hold. Through this, he will be able to separate what is his and what was his father's. For the old gentleman passed away a few years ago and, actually, had been without any real influence in the patient's life for some time previously. Through this differentiation between patient and father, we may come eventually to the true facts of the past. Undoubtedly the early human environment was very bad, but it will take on a different meaning when the fury of the patient's war with the world-at-large subsides and when the inner warfare is over.

VARYING ATTITUDES TOWARD PAST

There are great variations in a patient's interest in the past. In acute anxiety states at the beginning of analysis, necessary historical data may be impossible to get in the initial interview, and may not become available until there is some symptomatic relief. In some patients the attitude is that the past is inconsequential; in others it is offered in a matter-of-fact and orderly way without any special feeling; in still others there is a tremendous overemphasis, as in the case cited. Contrary to this attitude is one in which a great deal of the past is blocked out, almost a total blank. Whatever the attitudes, however, they are consistent with factors associated with the individual character structure. They can be understood in terms of driving needs, pseudo-solutions of conflict, and trends which serve to ease intolerable inner tensions. To mention a few at random: the absence of childhood memories; the blot-

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ting out of a whole section of the life; the harping on one incident—a significant and dramatic one, or one apparently banal and insignificant—to the exclusion of practically everything else in a life which must have been full of a great variety of experiences; the smoothing over of patently significant experiences, which may be described factually and without feeling, or which may not be mentioned at all, but which are known to us from some other source.

One also finds the tendency to regard the period of childhood as a peculiarly happy one (the rosy glow retrospect), or to remember it as unmitigated misery. There is the inclination to focus on certain aspects, such as the poverty, ignorance and naivete of the parents, or on cultural standards, or on the neighborhood the family lived in. There is the consistent retrospect, as in the case of an individual who described very disturbed relations in the family, tensions and bitterness between the parents, favoritism, jealousies, quarrels between siblings, and yet wound up with the blanket statement: "But we were a very happy family . . . there certainly was no lack of warmth and affection and loyalty." There also are complete falsifications, distortions and displacements, discovered accidentally through some outside source, or corrected by the patient later in analysis.

BEOFOGGING THE PAST

Sometimes there is a startling interpolation of incident and circumstance which have no reality. This was seen in the case of an individual who had a vivid recollection of a cemetery in the vicinity of the college he attended. It was precipitated by a dream in which he was at college and was undecided whether to skirt the cemetery or to go straight through it to get to a destination. On waking the existence of the cemetery seemed a fact. At a recent college reunion he mentioned the cemetery to a classmate who told him there was no such place anywhere near the college, and this was confirmed by several others. The patient still feels it is there, but plans to check next time he visits the college town.

Among these reactions we can see evidence of alienation from oneself as a child and of befogging the past. Of disconnecting or fragmenting life experience. Of isolating some one experience or some one period of one's life out of context with the whole flow of experience. Of numbing the feelings or denying them, either in the interests of not feeling at all or in response to a demand on oneself that one simply should not have felt happy, or angry, or ashamed.

In one individual there is evidence of never having felt humiliated or ashamed in the past, and in the present never admitting any embarrassment while lighting unerringly on embarrassment in others, sometimes even assuming it where it does not exist. In other individuals, as a result of feeling humiliated, the reaction in respect to past memories is one of blaming, accusing, holding others up to censure, ridicule or contempt. Memories may also serve to emphasize past suffering as a means to elicit excessive sympathy. In such cases we see that the old wounds are like indolent sores which constantly discharge and need endless applications of the balm of sympathy. Certain other reactions to the past indicate a need to cast an aura of perfection over everything pertaining to the individual, or to avoid criticizing, to be all-forgiving, all-understanding. Again, they may be the expression of passive externalized self-hatred: "I deserved to be rejected and ill-treated . . . I was a queer freak of a child, or an impossible brat . . . They were right."

Memories are important for the reasons already discussed: for the sake of full knowledge of the whole life, both from the patient's and the analyst's point of view and their mutual understanding; for the sake of seeing how much is recognized, understood and wholeheartedly and realistically accepted, and how much is drawn in and utilized in the interests of neurotic needs, and to what extent they exert a retarding influence in therapy.

The other major aspect of memories, which is of great importance, to my mind, is their constructive value. When the patient has been able to dispense with the

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needs which have made the past overlap and occupy the present, the present emerges into clearer focus, and the past belongs to the past, and the future is yet to come. In the course of working at problems associated with the present, the patient will have become engaged in distinguishing his real wishes and interests and in starting to act upon them in the present. In functioning in tune with the real self in the present, a true perspective on the past emerges, and as perspective gets clearer the sense of the inner reality of the self gets stronger. The sense of really having been alive, though troubled and burdened, becomes more of a remembered reality. This clearing process opens the way to awareness of alienation from the self.

One might puzzle about how one could become aware of alienation from self. It seems to me that it would require a first experience of contact with the real self and that then the antithesis can be appreciated. As identification with the real self progresses to greater solidity, consistency and permanence, the individual realizes more clearly the extent to which he was separated from himself. Memories are necessary to promote this movement—memories cleared of the irrational elements which cloud and interfere with making contact with one's true nature and being. I think it is in experiencing the difference between being connected and being unconnected that we can see undeniable proof of constructive forces. For in coming home to ourselves, we feel it is not in any way a matter of preference. The alternative is unthinkable; there is no doubt, no hesitation whatsoever that what we want is to be ourselves.

Past experiences viewed in true perspective and now seen as past can provide a strong incentive to strengthen and consolidate changes already in train and to stimulate further changes. A realistic view of the past serves to diminish dread of falling into the same old pitfalls with the same frustrating or disastrous consequences. It contributes to a sense of realistic security and self-confidence; one is oneself in the present. Whatever problems require attention and efforts, one has the privilege and the

capacity to determine and direct his present growth and future development. The past loses its power to haunt and torment us, to threaten the future, to seduce and enervate us. As for the value of learning from clear and true memories, we can't say too much. They contain an inexhaustible store of material from which to learn what was our part in our successes and failures, satisfaction and frustration, happiness and unhappiness. As the mind plays over the past we have the opportunity to straighten out our values and see the deviations in our line of life—the blind alleys, the missed opportunities, the long stretches of stagnation, the long stretches of frantic pursuit without enjoyment of what we achieved. And from what we learn we can profit in the life ahead. Last but not least, we can learn much about our human relations.

TRUE PERSPECTIVE ON THE PAST

Since my subject is *childhood memories*, and since the memories of parents are such a prominent factor, I would like to say a few words about the constructive value for the adult of a true perspective on the relationship between himself as a child and his parents. When one becomes real to himself, one of the most relieving and rewarding benefits is a sense of human fellowship, a sense of being on common ground with others. As a human being in one's own right, parents can be seen in *their* own right. Having a feeling for the nature and extent of our own disturbances in human relations and how they could not possibly have been otherwise under the conditions existing within us, we look at our parents with eyes that see, likewise, that it could not have been different for them in *their* relation to members of the family, including oneself as a child. It strikes the adult that his parents were about what his own age is now—or even younger. They, too, suffered under tensions, were compulsively driven, torn by conflicts. The person was a child for whom the parents were doing the best they could under those inner conditions. Although neurosis in the adult started with the parent, it is possible, nonetheless, to take a balanced view and appre-

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ciate whatever was positive—if it was only material security—in the parents' efforts on the child's behalf.

A true perspective brings objectivity and a broader view of the parent's personality and his life problems. In this broader view one is able to see more of the whole setting of the parent's life, the whole picture of his way of life, *his* relations with *his* parents, *his* siblings, and all the other people in the environment. When one was confined to one's own neurotic view of oneself, on the other hand, one saw only the limited segment of "me and father," or "me and mother," with other factors perhaps seen in a dim, unimportant peripheral way.

As for the parents, some who are still living may, through life experience, have changed for the better. Attitudes toward the children change now that they are grown up, and one sees very different attitudes toward grandchildren. In neurosis in the adult son or daughter, the individual is apt to disregard such changes and to perpetuate preexisting patterns of dependence, claims, resentments, recriminations or vindictiveness. In health, when changes in the parents are accepted and respected, the relationship between members of different generations can become altogether more realistic and satisfying. In some parents, still living, neurotic patterns persist and get more pronounced and disturbing. In health the adult son or daughter finds his way to acceptance of these conditions in the parent, while at the same time evolving some matter-of-fact and objective way of dealing with problems entailed in the relationship. In still other parents, neurosis was expressed in predominantly destructive and sadistic tendencies and these conditions have not changed. Even with the understanding of the parent's involvement, it

would be unlikely that anything could be salvaged in the relationship of the adult son or daughter with the parent. This is a sad state of affairs for the parent—he is actually his own worst enemy—and for the son or daughter it might call for a realistic renunciation of a relationship. The individual would have to come to his own conclusions as to the extent of his responsibility for the parent's welfare.

CONCLUSION

I have undertaken childhood memories in analysis as the subject of a paper because the question arises from time to time incidental to other topics, and discussion of them is sometimes rather incomplete and leaves many loose ends. In taking it for a main topic, I have endeavored to pull together theoretical and clinical considerations, and I have related the topic of memories to therapeutic processes and goals in therapy. I believe it is important to do away with the concept of a dichotomy between past and present which is implied in Freudian therapeutic procedures. The observation that past is contained in present is valid, but Freud's failure to see developments in neurotic processes prevented him from utilizing the concept of past-in-present to full advantage. When we see the past in the present, we neither dwell on the past to the exclusion of the present, nor on the present to the exclusion of past. Taking into account developments in neurosis, we are able to understand how memories are being used in present neurotic interests and how they obstruct progress in therapy. I have endeavored to differentiate between the retarding influence of memories and their constructive value when they are cleared of neurotic motivations.

AN INITIAL INTERVIEW

ISIDORE PORTNOY *

THE INITIAL INTERVIEW contains possibilities for benefit to patient and therapist that have not always been fully appreciated. For the patient this may be the first contact with therapy and therapist, the first serious attempt at revealing and discussing personality problems. To this interview he brings his conscious and unconscious doubts, reservations, fears and oppositions, as well as a greater or lesser degree of lack of knowledge concerning psychoanalytic treatment. At the same time, he may also bring to this interview his conscious or unconscious hope that he may find here the help which can enable him to free himself from the neurotic web in which he is entangled. For the patient, then, the initial interview, and all that goes on during it, may have a very great significance.

For the therapist, the initial interview has many important functions. In this initial meeting, which may consist of several interviews, the therapist makes a tentative psychiatric and psychoanalytic diagnosis. He obtains a picture of the general outlines of the patient's neurotic structure and the main difficulties stemming therefrom. This picture contains the longitudinal view of the person's development and the horizontal view of his present state of being. At the same time the analyst seeks for evidence, in the past and present picture, of constructive forces in the individual, evi-

dences of aliveness, relatedness, energy, a genuine interest in growth and self-realization. These observations enable the analyst to prognosticate concerning the possibilities and probable duration of therapy. They permit him to determine whether the individual is ready for analytic work. If it is felt that he is, the initial interview includes the important function of helping to prepare the patient for analytic therapy. If such treatment is not indicated, the analyst must consider in what other ways he can help the patient to deal with his problems.

In addition to these diagnostic, prognostic, and preparatory functions, the initial interview can have important therapeutic functions, either in terms of helping the individual to deal more effectively with a specific and immediate problem, or in helping the patient to see the necessity for intensive work on the roots of his problems.

The following is an abstract of an initial interview conducted with these general principles in mind.

Mrs. Kay N. was referred to me by a friend. When she called for her appointment her voice was tremulous but sharp. She put her request for a consultation in the form of an urgent plea for help. When I told her what hour I had open she immediately agreed, then paused and rather querulously added that this would mean

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she would have to break another appointment. There followed another long pause. Then she again asked what time the appointment would be and said she would be there. Following this she hung up quite abruptly.

THE CONSULTATION

She arrived quite early for the interview and had a marked startle reaction when I greeted her in the waiting room. When she came into the office she asked me where she should sit and after seating herself in the chair she again asked whether this was where I wanted her to sit. Kay is a 29-year-old woman, moderately attractive, of medium height, thin and bony looking. Her face is long, thin. Her eyes are very dark, somewhat bulging. Her hair is drab and lusterless. Her make-up was poorly and excessively applied. Her dress was black, unrelieved by any ornament or other color. It seemed to hang loosely on her and gave me the impression that she had lost a good deal of weight. Her face was deeply flushed and she was perspiring profusely. She was obviously agitated and moved restlessly about in her chair. Her hands ceaselessly played with a pack of cigarettes. Her hands were strong, her fingers tapering. They suggested a strong grip, in contrast to her otherwise rather debilitated physique.

She waited for me to begin. When I suggested that she tell me what was troubling her she smiled and said, "My God, I wouldn't know where to begin. There is so much to tell." At this point I told her that it would be better for her not to rush, that I would see her again if necessary. She appeared to be tremendously relieved, and expressed this relief. Rapidly she took a batch of notes out of her purse, gripped them tightly, almost frantically, and glanced at them once, but did not refer to them at all during either of our two interviews. She then began to talk, very rapidly, hardly pausing for breath, her expression very intense. She talked this way for almost 30 minutes, with hardly a pause. In spite of her intense absorption in what she was saying, I could feel that she was at all

times aware of me. She spoke with warmth and often with passion.

She began by saying that she needed advice. "But," she added, "I can't believe psychoanalysis can help. It's too dangerous. Too much probing goes on. From what I know I consider it too experimental. I've always been proud of managing without aid. I even feel defeated to be here. Besides, I can't afford costly treatment. I've lost my way. I'm looking for an abiding faith in something—in religion, in life, in love, marriage, myself. I feel helpless and confused. The man I love and I can't let each other go. He suspects me of being psychotic and that's why he's postponed our marriage again and again. It was his suggestion that I come here. I feel I might as well be hopelessly dead. I've hurt him, my son and my parents. Now he's afraid of me."

In spite of her obvious agitation and anxiety, she then proceeded to present her past history in fairly well organized fashion. It dealt almost entirely with her two previous marriages, her two brief periods of hospitalization, and her present affair.

Kay is an art teacher whose main interest in life, "outside of my search for love," has been her art. Her present boy-friend is an artist of some note. Kay at first stated that her early life was quite uneventful, that her relationships with her parents and her sister, who is two years younger than she, had always been happy and warm. She then added, however, that she had been sickly throughout her childhood. She recalled an episode during childhood when her mother had violently punished her for failing to perform an errand promptly. "I've always loved my mother but she's hated me. Recently she told me so." At this point she broke into tears which ended rapidly as she continued. "She's very pretty. I look like dad. She thought I'd be the world's cockeyed wonder as an artist, always pushed me. I never felt I could measure up. I'd feel guilty when she bragged to friends about me. It must kill her that I've been a failure at so many things."

At 18, Kay eloped with a man of whom her parents strongly disapproved. He was

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shiftless, a chronic gambler who did not conceal his infidelities. Her father had a severe heart attack following this elopement. She was unable to say why she married him, except that she felt that love was "holy" and thought he could give her love. She was willing to overlook all his obvious defects in view of this hope. "But I couldn't hold his interest." She felt that this was her first big failure. She had given up her career and her art studies in an effort to make her marriage work. He left her when she was pregnant and she returned to her family. A few months following the birth of her child, a son, she began to feel increasingly depressed. Her husband was called but refused to come and see her. She is quite vague about her symptoms at that time, but says that the family believes that she was acting queerly. She recalls that she kept looking aimlessly about the home for her marriage license "to be sure we were married." She was hospitalized for 10 days. At first she did not realize that she was in a mental hospital. When she did, she battled wildly with the attendants and was placed in a ward for violent patients. She recovered quickly from her depression and soon was able to give art lessons and support herself and her child. Her parents pressed her to marry again. They said that her head had always been too much in the clouds and that they would find someone down-to-earth for her.

When Kay was 23, she married a considerably older man whom her parents considered to be "a solid citizen." She had no fondness for him but did appreciate the fact that he was a practical person who managed the home efficiently. She found it painful to live with someone whose main interest was money rather than art. Furthermore, his temper was violent, he could not stand opposition and was subtly cruel to the child. A year after this marriage Kay was again hospitalized for a short period, her main symptom being depression. Again she felt guilty about the failure of this marriage. She tried to stick it out, but eventually both agreed to a divorce.

Two years ago she met her present friend, Jack. He is an extremely timid, self-

effacing person, clinging, overtly eager for a kind word from everybody. She states that they fell instantly in love and she felt that she had at last found the person who could be everything to her and make her life meaningful—somebody for whom she would "sacrifice everything." Except for her child, she has cared about nothing but her love for this man. She states that he is sexually impotent but that this has not bothered her at all, that she has cared nothing for sexual satisfaction as long as she knew that he loved her. All of this, however, is now being "smashed to bits" by his refusal to marry her. He fears that she is psychotic and wants her to have treatment. She had recently seen another psychiatrist who had told her that she is a manic depressive. She disagreed, however, feeling that she had always managed to work out her own problems by herself, that her insight into life was very good, that marriage and love would correct any feelings of insecurity she had.

OBSERVATIONS

During this hour, I felt it more important to listen and observe, to let the patient present her account as she felt it necessary to do so, rather than to interrupt with question or comment. This was possible, in part, because she presented a coherent account which stuck to essentials and did not involve too much extraneous detail. In concluding the interview I pointed out to her that she had been able to give a fairly comprehensive picture of her problem in a short time and that this would make it possible for us to spend the next hour discussing some of these problems. I told her that I felt her problems were deep-rooted and of long duration and that her difficulties could not quickly or easily be solved by marriage or any other means. I also stated that she obviously regarded love as a magical cure and that this belief had not helped her, but had been responsible for much of the suffering in her life. I expressed my feeling that she was a person of considerable potentialities whose illness had kept her from fulfilling herself. Finally, I told her that she needed treatment and

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that we would go into this question during the next interview.

THE SECOND INTERVIEW

When she arrived for her second interview she was in quite a different mood. Anxiety and tension were still obviously present, but she had an air of "confidence" about her. She spoke loudly and boldly, walked about the room as she spoke, frequently interrupted me. She stated that she now felt fine. "I don't feel I have to get to the core of anything anymore. I don't feel I've ever needed analysis." At this, I pointed out to Kay the change in her mood during the interval between the two sessions. I related her ability to pull herself out of depressions by sheer power of will to episodes in her past during which she had been similarly successful. I stated that while this did relieve her suffering, her underlying problems, nevertheless, were left untouched. I then went on to tell her, as firmly and matter-of-factly as I could, that psychoanalysis was not the treatment that I was recommending for her at this time. I felt that she needed psychiatric help and I told her that I would be pleased to refer her to a competent psychiatrist who could help her if she worked with him in a spirit of cooperation. She at first ignored my remarks. As the interview progressed, however, she became less over-active and buoyant. Finally, she spontaneously returned to the question of therapy, inquired about the question of hours, finances, the competence of the therapist to whom I was referring her. I replied to these questions briefly and again in a matter-of-fact way, since it had become so clear to me that she reacted negatively to anything she felt as an attempt to influence her.

At this point, she paused and said, "You know, the most important thing you said last week was that love might not be a cure-all. I thought about that, especially your saying that love, a certain kind of love, sometimes could be harmful to a person's life." In elaborating on this remark she made it clear that she did not feel that it applied to her, but that it was an interesting idea nevertheless.

At the conclusion of this interview, Kay asked me pointblank, smilingly, whether I felt that her boy-friend's attitude was a good one. To this I replied that I felt that he was showing good judgment in wanting her to have treatment in view of the past history, which included marked suicidal ideas, and her present agitation. I felt that therapy could only improve their chances for a good relationship and that it would be a good idea for her to postpone marriage until she had had an opportunity to find out what she really felt about it. To this she responded in a quiet, rather sober spirit, in marked contrast to her previous moods. She thanked me profusely and said I had been very helpful. As she stood at the door she repeated, with a smile, her belief that she did not need treatment. She added, however, that she would begin treatment soon.

Kay called me a week later to say she had seen the doctor to whom I referred her and that she had had a good session. She was to have one session with him every two weeks, or more often if she desired it. She added that she felt she might benefit from working with him.

AN EVALUATION OF KAY N.

It was clear to me that this woman was acutely disturbed, on the verge of a psychotic episode of the manic-depressive type. I felt that her need for therapy was acute and urgent. She was clearly not ready for analytic therapy. Almost the only active incentive present was the neurotic one, stemming from her dependency and deriving from her wish to induce her friend to marry her if she entered therapy. However, her opening remark about her search for an abiding faith suggested that somewhere within her there was a deep discontent with her life and some inner realization of her loss of self. Also, while this is not visible at this time, I feel that it is quite possible that within a short time suffering may be a valuable incentive for her remaining in therapy. On the other hand, as she openly stated, she clearly has a very strong aversion to analytic therapy and strongly invests with pride her compulsion to solve all her prob-

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lems without help. For this reason I suggested psychotherapy along analytic lines, in the belief that occasional sessions would reassure her with regard to her fear of being probed, and her unexpressed fears of any attack on her illusions concerning herself. I feel that with such a beginning analytic therapy would eventually be possible.

The neurotic picture presented is a severe one. Her conflicts appear to be very much out in the open. On the one hand, particularly in the first interview, she presented a predominantly self-effacing picture. Self-contempt was openly expressed and accepted. She repeatedly used the words "failure, guilty, my fault, mess" about herself, tending to blame herself mercilessly for actual, and apparently imagined, injuries to others. The dominant appeal which she overtly expressed was the appeal of love, which she sees as the solution to all her problems. During this first interview, and especially during her second one, she presented the other side of the conflict within her pride system—the expansive, more frankly prideful aspect. She clearly considers herself to be a very superior person, with an emphasis on her superior intellect and artistic interests and abilities, and a particular emphasis on her ability to master herself and life. Her choice of a partner reveals both her powerful dependency and her need to control, master, possess. She externalizes much of her expansiveness to others, both actively, in terms of her reference to her friend as a genius who is going unrecognized by the world, and passively, in terms of her feeling that it is her mother who both despises her and nevertheless expects her to be an outstanding artist.

During the period covered by the two interviews, she made a violent swing upwards out of the pit of self-contempt and self-destructiveness to the heights of a rather hypo-manic ebullience, from which height she could no longer feel her self-hate. In this phase she presented a rather typical picture of narcissistic expansiveness.

In spite of the many evidences of severe neurotic involvement, Kay presented clear

and sometimes striking evidence of a number of constructive forces. She is a warm and likeable person, young, intelligent, active and energetic. Her past and present history demonstrate the presence of quite remarkable recuperative powers. Following the episodes of psychotic depression she has not vegetated, has not settled for less. Instead, she has returned to her work and to the care of her child with considerable courage and determination. She has maintained her relatedness to others throughout her life, though admittedly this has been chiefly on a sick basis. While almost every feeling she expressed during the two interviews was an expression either of her pride or self-hate, nevertheless, there is aliveness present and she is able to feel these feelings fairly deeply. Kay has not given up the struggle. She has not resigned from life. She has shown some evidence of awareness that she misses her real self. This I believe to be a hopeful sign of great importance. Finally, the externalization of her search for glory to her partner, and the apparently much more constructive interest in her son's welfare, constitute constructive forces, at least to the extent that they give her an incentive to strive for others, if not for herself.

CONCLUSION

All of these constructive forces, all of these expressions of aliveness and struggle lead me to feel hopeful about the ultimate outcome of analytic therapy when she becomes readier for it. I feel that the two interviews accomplished the purpose of reassuring her to the point where she could enter some form of psychiatric therapy, something she had avoided in spite of pressure and urging over a period of years. Further, the interviews helped her to delay her rush either into marriage or the immediate dissolution of her relationship, both of which would have had a damaging effect on her. Finally, by indicating briefly to her the presence of certain general problems as well as the presence of appreciable constructive forces, I believe that I stimulated her interest in herself.

"PAVILION OF WOMEN" A PSYCHOANALYTIC INTERPRETATION

JOSEPH W. VOLLMERHAUSEN *

PEARL BUCK'S NOVEL, *Pavilion of Women*, depicts a particular culture, and life in this culture. It portrays the relationships between members of one family, especially that between a husband and wife as they approach middle age. When we sharpen the focus on Madam Wu, the main character, we are impressed by Mrs. Buck's deep and penetrating interest in human nature. Madam Wu is a Chinese, and the story unfolds in the setting of the ancestral estate of the Wu family. But above and beyond her race and social status, Madam Wu is a human being. It is in this perspective that we study her.

When we first meet Madam Wu, we are immediately impressed by her gentility, her kindness, her soft feminine voice, her slender, ethereal beauty. Her maid Ying says, "Jade is as beautiful as ever against your skin. What other woman of forty can say this?" Madam Wu answers, "Do not speak quite so loudly, he is still asleep." How considerate she appears about her husband's sleep!

Yet secretly she plans to leave him. It is now her fortieth birthday and she has decided to change the course of her life. No longer will she be a wife to Mr. Wu. She feels her sexual life has come to an

end and that she will find a substitute sexual partner for Mr. Wu. In her culture, such a decision was permissible, but the only one in her environment who found it acceptable was Madam Wu. When she tells her friend, Madam Kang, of this decision, Madam Kang is astounded and curious. "It is only for his sake," Madam Wu says and, as an afterthought, adds, "and for my own."

Then little sister Hsia comes to visit. Madam Wu treats her with kind consideration, but her cold, unapproachable dignity chills the spinster missionary. She feeds sister Hsia, talks to her, exchanges pleasantries with her, but she has no feeling for her.

Her oldest son, Liangmo, feels a vague uneasiness about his mother's considerateness. He says, "You are too good to us all." She had chosen his wife. She made all decisions for him. When she tells him of her decision to find a concubine for his father, he is overwhelmed. And yet she delegates him as her protector against any subsequent disturbance in the household. He, whose dignity depends upon the dignity of his parents, is told to maintain the dignity of his parents. Again she makes him feel, and herself, too, that she is very

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kind in this act. "I do this to save you greater sadness on other days." Her consideration for others begins to appear less real and more pretentious.

At her birthday feast, Madam Wu is imperturbable. Nothing upsets her. She is very helpful to Old Lady, who has trouble with her food. But when Liangmo looks to her to help him out of his predicament, she turns away. After the feast, her maid Ying again emphasizes her goodness and also gives us a clue to an inhibition that Madam Wu has. She says, "You, who could never put out your hand to pinch a mosquito, even when it sucks your blood." Even in self-defense Madam Wu cannot express irritation or anger. She must be always imperturbable and always good, even when it hurts.

When she tells Mr. Wu about her decision, we see deeper into Madam Wu. She exerts tremendous control over him and he is blindly dependent on her. He offers no real opposition to her and his feeble protests melt away when she lulls him with promises that she will take care of everything. She also assures him of her continued interest in him by saying that she is doing this so that he will not be embarrassed by a pregnancy. She even tucks him in bed. How could he resist anyone so tenderly solicitous of his happiness? He can only resign himself pathetically to letting her run his life. He has been smothered with goodness.

SELF-DOUBT AND SELF-INTEREST

The following morning, Madam Wu is beset by vague doubts. Was she really considerate of him? Was she really selfless and solicitous of his welfare? She avoids any real examination of herself by putting the blame on heaven. She thought that for any woman to cling to a man beyond the time of her fertility was to defy heaven's decree. Do her actions appear selfish? She is not to blame; heaven decreed it.

There is now the problem of selecting a suitable concubine for her husband. It is not Mr. Wu who is to be suited, however, but Madam Wu. It is in the matter of the concubine that we can see in clearest re-

lief Madam Wu's cynicism and her callous pursuit of self-interest. She says, "I will tell the go-between exactly what is wanted; it is as definite as an order for merchandise." Here she also shows her complete conviction that by reasoning or foresight everything can be managed. She has to see to it that Mr. Wu is pleased, but not too pleased, lest he forget her. The concubine must fit into the household like a cog in a machine lest there be any friction which might involve Madam Wu. The concubine must in no way offer any competition to Madam Wu. She shows a callous disregard for the wishes of others and a complete disregard for the future concubine as a human being. Yet, she makes herself and others believe that she is basically selfless and entirely concerned about their happiness. These pretenses are measures of expediency which enable her to control the lives of others, to manipulate them, to manage them.

None of her children dares to raise a complaint about the situation. There can be no rebellion against a Madam Wu without the rebel feeling like an absolute ingrate. Not only is her goodness her defense against reproach, but she has other mechanisms, too. When her daughter-in-law, Rulan, tries to protest, it ends with Rulan staring at Madam Wu in stubborn despair. "This cool woman, her husband's mother, was so beautiful, so perfect, that she was beyond the reach of all anger, all reproach." Her aloofness, her coldness, her perfection wither anyone who dares to disagree with her.

If this is not enough, there is the unbeatable dogma of heaven's decree. Madam Wu says to Rulan, "Heaven in its mercy says when a woman is forty, 'Now, poor soul and body, the rest of your life you shall have for yourself. You have divided yourself again and again, and now take what is left and make yourself whole again, so that life may be good to you for yourself.'" We can see here some claims that she makes on the basis of having been self-sacrificing. Yet, lest she appear selfish in making these claims, she ascribes them to heaven. She thus maintains her image of goodness and self sacrifice by externalization. She

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wants nothing, but since heaven is giving it to her, she'll take it. She conceals her hypocrisy from herself and is thus able to withdraw from the household with feelings of self-righteousness.

Madam Wu's feelings toward the household are expressed by her maid, Ying: "She is tired to the heart, because in this great house all feed on her, like suckling children." It is not that the household needs to depend on her in reality. It is Madam Wu who needs to feel indispensable and to keep the household under her control.

THE BASIC CONFLICT

We see that Madam Wu's main orientation to life is that of moving against people, or the aggressive orientation. Her main drive is for power and control of others, but she does not exercise her power directly. This points to the presence of other neurotic trends. Her values of goodness, kindness, helping others, and her inhibitions against any hostility point to compliance. We have evidence here of a basic conflict between aggressive and compliant trends. Her needs for distance, solitude, peace and aloofness, and the absence of all feelings point to detachment. Her need for detachment is very strong and we can see it both as a way of life and as an attempt at solving the basic conflict. By being distant from others and avoiding any emotional involvement, she hopes to escape the basic conflict. In her talk to Rulan, Madam Wu expressed how divided she felt and how by withdrawing from Mr. Wu she was trying to make herself feel whole. But she does not realize how absolutely incompatible are her needs, nor that she cannot really become whole by detaching herself from others.

We see, too, that she is most eager to avoid any reproaches for her actions. This points to an intense sensitivity to criticism from within or without. This, in turn, points to a tremendous arrogance and pride. We know that she places great value on her goodness and selfless attitude; that she must never appear selfish to others; that she feels she can manage anything, which is another way of saying that she is omnipo-

tent, and that she values isolation, independence and her ability to be calm and collected. We can visualize her idealized image as an attempt to feel whole and undivided by conflict. With the magic power of her imagination she tries to unify incompatible neurotic trends, to make ideal virtues out of anxiety-produced necessities, and to accept as full-grown, qualities which are only embryonic. She pictures herself as the benevolent ruler who exercises her power for the benefit of her subjects. And, as befits a person of superior status, she maintains a proper distance between herself and her subjects.

The picture which Madam Wu takes along when she moves to her new quarters portrays a lone figure climbing an isolated mountain. This is actually a symbol of Madam Wu: she is the lone figure trying to achieve the grandiose heights of her idealized image. At times she seems close to the top, but at no time can she—or the figure in the picture—reach the top. She must always fall short of the goals she unconsciously sets for herself and the demands that she makes upon herself. However, she cannot allow herself to see any shortcomings or she would feel torn apart by her conflicts and completely contemptible in her own eyes. All she can do is to distort and twist reality into conformity with her picture of herself. At all costs she must defend herself against criticism from within and without. She cannot grow or develop what is real and vital in her, for that would be an admission that she was not on the pinnacle of perfection.

Madam Wu distorts reality in many ways. Her glittering facade of altruism and goodness blinds her effectively against seeing her callous use of others. When Ying catches her in a mischievous smile after she has assigned the concubine to Mr. Wu, she becomes evasive and talks about the weather. Her self-righteousness is her main bulwark against reality. When Mr. Wu says to her, "I know you are so devilish stubborn a woman, I could kill myself beating against your wish," she answers in characteristic fashion, "Have I ever made you less happy by my stubbornness? Has it not always been

stubbornness for your sake?" Here she twists a fault into a virtue. She cannot admit a fault or weakness. She cannot allow herself to feel weak or doubtful. The only feeling that she can permit is one of righteous indignation. She becomes further alienated from what is real and vital in her. She looks poised and controlled, but it is the poise of the automaton, the calm of emotional deadness.

THE CHARACTER OF MADAM WU

Madam Wu cannot experience any self-contempt because she would have to regard this as a weakness and it would dissolve her feelings of invincible rectitude. She externalizes her self-contempt by turning vindictively against others. After her son, Tsemo, married Rulan without her consent and thus showed her that she was not in absolute control of him, she became angry and took revenge by assigning him to the worst quarters in the house. She also shows a more general contempt for others by focussing on their imperfections. "All her life she had struggled against her dislike of human beings. None had been wholly to her taste. Thus, her mother she had disliked because of her ignorance and superstitions. Her father she had loved, or would have said she had, but she had disliked him, too, because his heart was far away and she could never come near him. And though Mr. Wu had been a handsome young man when she married him, there were secrets of his person which she disliked. Even when she had shared his passion, she had been aware of shapes and odors, and she had felt violation in his touch even while she allowed it. Old Gentleman had been dear to her; his heart was good; his intelligence clear, but his teeth were broken and his breath came foul." This tendency to devalue others serves to maintain Madam Wu's pride. In addition, it is an expression of a sour grapes technique which is used by a person who has come to feel bitter, futile and hopeless about her own life.

Madam Wu does not express or experience her hopelessness directly, but we can sense in her a pervasive pessimism. When

she looks at the future she can see nothing but trouble ahead. Life, she feels, is something to be endured, not enjoyed. To her, life is a tragedy composed essentially of an unending cycle of birth, enduring, and death. She thinks constantly of the burdens that go with her position as mother and wife, and in her chronic discontent cannot derive any joy from living. She feels abused by her husband and sons, and says, "Will you never be done with your troubles?" She fails to see that it is she who cannot leave them alone. She must mould them so that her life may have some meaning. Her selfless devotion to others and her helpfulness now appear in their true light. She helps others in order to manipulate them, to bend them to her will and to make herself feel smugly superior.

The action of the novel springs essentially from the character of Madam Wu. When Madam Wu leaves her nuptial bed and withdraws to solitude, she is fulfilling a secret desire which she harbored many years. Her fortieth birthday serves as the external event that enables her to withdraw and yet not seem cruel or selfish. She had endured her husband's sexual approaches for many years but had never enjoyed sexual relations. She had fulfilled his sexual needs much as she had fulfilled his every whim and answered every question he asked. She was driven by her compelling need to control him and to mould him. She was frequently disgusted with him because he failed to remember what she had told him and, worse, he showed only a passing interest in her attempts to educate him. She could allow herself to serve as his sexual object only as long as she could tell herself that it was for the benefit of the whole race and in the interest of progeny. When the sexual act meant only serving his pleasure, it became unbearable. It is this factor that makes her fortieth birthday a crucial point. In addition, she now has a reasonable opportunity to express her piled-up resentment and vindictiveness against him. She does this in the typical detached fashion—by withdrawing from him and by frustrating him. He needs sexual relations very much to assure him that he

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is loved and wanted. Now she throws him into doubt and anxiety about himself; she leaves him. When she has thus triumphed over him, she is for the first time in her marriage able to have a good night's sleep.

Although she has physically separated herself from him, she cannot give him any freedom. She now controls him at a distance through the concubine, Chiuming. The latter is a non-entity selected by Madam Wu. She callously moulds an innocent farm girl into a suitable concubine for her husband so that he will not complain to her. She can maintain her detachment, remain emotionally uninvolved and feel triumphant and powerful if the concubine fulfills her function of serving as a satisfactory sexual object. When Chiuming tells her that she is pregnant, Madam Wu is infuriated. Chiuming was supposed to be a piece of merchandise, a sexual thing, and here she is a human being who has gotten something out of the relationship with Mr. Wu. He seems to be proceeding well without his wife. When she sees how well he looks, she is baffled and feels a cruel desire to hurt him. She becomes vindictive and accuses him of neglecting his mother.

Chiuming plays a vital role in Madam Wu's vindictive triumph over her husband. She bears witness to Mr. Wu's enslavement to his body while Madam Wu's pure spirit soars to ever greater heights of self-aggrandizement. When her son has seen Chiuming, Madam Wu becomes fearful lest he somehow interfere in the relationship. She must channel his unknown desires away from Chiuming and decides that he will marry Linyi, in whom he has no interest. We get a picture of her moving human beings around as if they were chess pieces. In the scene between Fengmo and his mother, Pearl Buck gives us a wonderful description of a moulder playing on the sensitivities and weaknesses of his victim. She pretends great interest in what he is doing, softens him up, and then very adroitly gets him to do exactly what *she* wanted him to do, although he had been opposed to it at the start. She is so anxious to get him safely married that she even agrees to Linyi's demands to have him taught English.

Brother Andre enters the story as Fengmo's teacher. He is a renegade priest who has forsaken orthodox faith and developed his own way of life. He is aloof and distant, and much alienated from himself. His whole life is dedicated to taking care of girl orphans or foundlings. Madam Wu soon becomes aware of the influence which Brother Andre wields over her son. "Something in Fengmo's attentive look, something in Brother Andre's deep gravity frightened her. Was this priest witching the soul out of the boy by the very power of his large being?" she asks herself. The priest has become a threat to her role as the planner and plotter of Fengmo's life. She must regain control of Fengmo at all costs and she does this by rushing him into the marriage with Linyi. Having defeated Brother Andre, her pride in controlling others is restored and she feels triumphant. Because of her needs to be kind and considerate, however, she has to rationalize that she defeated Brother Andre in order to save Fengmo for the family.

PRIDE AND POWER

Fengmo and Linyi are married but shortly begin to quarrel. This is again a threat to Madam Wu. She fears getting involved in the situation, but feels she must because her pride in being the good manager is in jeopardy. She finds out that Linyi wants Fengmo to leave the ancestral home and fend for himself. Madam Wu is outraged that this spot of dark rebellion should arise under her roof. This shows us the steel fist beneath the velvet glove. She cannot tolerate any resistance to her power and authority. She recalls that when Fengmo was being taught by Brother Andre, he was contented. She now decides to use the ex-priest as her ally against Linyi in restoring her power over Fengmo. Brother Andre begins to teach Fengmo once more. Again there is the danger that Fengmo may slip out of her grasp. Brother Andre says, "But your son, Madam, young Fengmo, I think he could become like me. Perhaps he will become like me." "I forbid it" is her imperious reply.

Just prior to this conversation, she had

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tried to test her power over Brother Andre and had attempted to break down his reserve, but she had failed to move him. This frightens her exceedingly. She has run head on into a person whom she cannot control, over whom she can have no power, against whom all her weapons are futile. The threat to her omnipotence is so great that she goes into a detached episode, which is described in the novel as a trance state. She must restore her pride in omnipotence and attempts to do so by turning vindictively against those around her. She attacks Ying, the cook, her husband, and sister Hsia. Indeed, when she is giving advice to sister Hsia about Brother Andre, she is really warning herself. "You must leave Brother Andre alone. I assure you he is like a great high rock, hard because it is high. You must not beat yourself against that cliff. You will be wounded, your flesh will be torn, your heart will bleed, and your brains will be spilled like curds, but he will not know it." Here we see the beginning of an important process. She begins to externalize to Brother Andre certain of her own prides. He is now the rock that she should be. She begins to overate him and idealize him. She becomes his pupil, first in the guise of chaperoning Linyi as she is taking lessons, but later quite openly. Secretly she hopes to reach the grandiose heights of her image with the help of Brother Andre, to whom she ascribes tremendous power.

Both Fengmo and Tsemo decide to leave home. Madam Wu consents reluctantly and blames their wives. She reveals her true colors when Tsemo's wife, Rulan, wants to leave with him. She thought—"My son's wives are so troublesome to me. Would that I had early taken little girls into my house and reared them to be son's wives and bent them to fit our need." In order to maintain control over her sons she keeps their wives with her and plans to "bend them to our needs."

Pearl Buck neatly describes Madam Wu's state during the period that she is being taught by Brother Andre. "Day by day she came and went among her family, smiling and unseeing. They gathered at meals and

she sat in her accustomed place among them and saw none of them while she looked at all." She becomes increasingly estranged from those about her. She is the last one in the house to find out that Mr. Wu's relationship with Chiuming is at an end and that he is going to flower houses. It upsets her very little and the paucity of her reactions tells us that she is much more detached than before and living increasingly in the imagination.

When Chiuming attempts suicide, Madam Wu faces total failure. All her planning and plotting has led to nought. Her husband is unhappy. The concubine feels totally worthless and useless. Two of Madam Wu's sons are unhappy and have left home. The image of the benevolent ruler who exercises her power for the good of her subjects is crumbling. But because her relationship with Brother Andre is fairly solid, and because some of her blind faith in him is also real, this woman who always felt invincible in her rectitude can ask him, "Tell me what I have done that is wrong." Brother Andre answers her question honestly and without malice. "You have despised your husband, you have held in contempt a sister woman, and you have considered yourself unique and above all women. These sins have disturbed your house. Without knowing why, your sons have been restless and their wives unhappy, and in spite of your plans no one is happy."

This is quite a blow to Madam Wu and Pearl Buck describes the situation accurately. "Madam Wu felt nearer to tears than she had in many years. He had shattered the calm core of her being, her sense of rightness in herself, and she was frightened. 'What shall I do now?' she asked him in a small voice. 'Direct me'."

MADAM WU IN ANALYSIS

At this crucial point in Madam Wu's life, her constructive resources are aroused. She has developed enough of a healthy relationship with Brother Andre to ask his help. She is able to admit that she has been wrong. She shows a willingness to do something about what has happened. At this moment Madam Wu is accessible to ana-

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lytic help. As long as she was able to maintain her self-righteousness and her blind spots she could not even begin to see the need for help. This is true of most arrogant, vindictive people whose solutions seem to be working out in reality.

What would have happened if Madam Wu could have had the opportunity for systematic work with a trained analyst? In general, her life would have been richer and fuller. She would have become less rigid, more flexible; less pretentious, more sincere; less righteous, more wholehearted. More specifically, instead of having constantly to defend her inflated notions about herself by twisting and distorting reality, she would have come closer to what was real in herself and in others, and would have been able to give herself a chance to grow, and to develop whatever potentialities she possessed. Her pretenses of goodness and interest in others would have given way to a real liking for others and a genuine desire to be of help to them. I feel that in the depths of her being she wanted to become a better human being when she said to Brother Andre, "Direct me." I see it as the cry of her real self, which wanted to grow and be free of the shackles of her boundless pride.

However, Brother Andre cannot really help her. He is too far removed from his own self. He has effaced his real self and lives a great deal in the imagination and so he can only direct her to the road he travels; he knows no other. He says to her, "Forget yourself"—and, indeed, she does. She turns all her thoughts to him and becomes preoccupied with him. Soon, she begins to worship him as the incarnation of goodness, kindness, altruism, power and invulnerability. As a return for her silent worship she expects him to run her life for her. He is killed shortly after this and when she sees him on his death-bed she expects a blueprint for her life as a reward for her devotion. Instead, he tells her, "Feed my lambs." She is quite disappointed that his last thoughts were about his orphans rather than about her.

After Brother Andre died, Madam Wu realized that he was the only being she had

ever met whom she worshipped. She felt he was immortal and that she loved him deeply. In her imagination he remains very much alive to her. She is actually glad that he is dead for his body would have interfered with the perfect spiritual love she feels for him. She is not really in love with Andre, the person, but with Andre as she has to see him: a perfect, god-like creature who is endowed to the highest degree with all virtues and powers. In short, he represents her idealized image. It is this she worships, not Brother Andre. The thought she had—"Andre, you live in me. I will do my utmost to preserve your life"—begins to take on added meaning. She has magically incorporated Brother Andre, and with him, of course, all the qualities with which she endowed him. In effect, she now is her idealized image. She has reached the grandiose heights by the magic of her imagination.

SELF-ALIENATION

The cost to her is great. She has to live farther away from reality and has to alienate herself from her real self even more. She lives in a misty, dreamy state, akin to suspended animation. She recognizes some change within her and experiences her increased self-alienation when she says, "I am a stranger to myself now. I do not know how I shall act or how I shall feel." She also recognizes some of her resignation. "Her will had commanded her body to behave in certain ways at certain times, regardless of its repulsions and desires. Now she felt she need never again compel herself to anything."

Madam Wu has achieved some inner peace. She is only remotely connected with life now and she has, therefore, a greater degree of objectivity when she helps others. This is especially noticeable with Andre's orphans, whom she treats well materially, but for whom she has no feeling. Her emotional ties with others are completely cut. Vindictiveness fades out of the picture. Her sons and husband are given freedom to work out their own lives as best they can.

Mr. Wu expands physically and psychologically with Jasmine, a flower house girl, who is much inferior to him.

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Madam Wu is not really a participant in life. She is on the periphery and spends a lot of time in retrospective rumination about Brother Andre. She is unproductive and isolated in her own universe. Her alienation from herself has made her incapable of feeling, of spontaneity, of whole-heartedness. She is incapable of experiencing the richness and fullness of life that is the birthright of every human being. She has sold her soul to achieve the glory of her idealized image. Near the end of the novel, Fengmo, full of life and brimming with enthusiasm, says to her, "What would you say if I persuaded the foreign hospital doctors to begin the teaching of country doctors. Our people die so needlessly." She scarcely hears him. She is thinking of Andre. She sees his beautiful hands, one of them at the crucifix on his breast. When his rosary broke he had tied it with a cord. The crucifix now was broken, too. "Good, my son, good," she murmurs absently.

This, then, is the tragedy of Madam Wu. Her implacable demands on herself made her life an empty, hollow thing. She spent

more time by-passing life than living it. It is heartening that even in a life so filled with waste and dreaming, there can be seen some vitality and real value. Madam Wu showed considerable understanding of Mr. Wu's needs for Jasmine, and supported him in this solution of his life. She was able to feel momentary empathy with Rulan when her husband was killed accidentally. She was able to call on her resources to fight a battle with death alongside her friend, Madam Kang, when she had a difficult labor. She was able to help Chiuming hold on to her life when the girl was completely despairing. She did take care of the orphans whom Brother Andre had committed to her care, although her interest in them was minimal. But all her resources were not enough to turn the tide at the critical moment of her life when she asked to be directed. She was driven to obliterate herself and to prostrate herself to her idealized image. Her constructive moves appear then only as fireflies, lighting up sporadically the dark background of her life.

PSYCHOANALYSIS AND MORAL VALUES

*A symposium sponsored by the Auxiliary
Council to the Association for the
Advancement of Psychoanalysis*

SPEAKERS:

HAROLD KELMAN, M.D., *Moderator*
KAREN HORNEY, M.D.
MURIEL IVIMEY, M.D.
ALEXANDER REID MARTIN, M.D.
FREDERICK A. WEISS, M.D.

Henry Hudson Hotel

April 5, 1950

PSYCHOANALYSIS AND MORAL VALUES

HAROLD KELMAN

This symposium, entitled *Psychoanalysis and Moral Values*, is being conducted under the sponsorship of ACAAP and has been arranged by the Association for the Advancement of Psychoanalysis in response to a most urgent need.

All decent feeling and thinking people who are intently looking for, propounding and fostering solutions to the world's ills come to one conclusion. They all agree that the answer is not in a wall of material protection, in the amassing of armaments alone. Material power alone will not give a rational security, but an illusory safety. From such implements of force, such death-dealing weapons, there is safety neither for military groups nor civilian populations.

Raymond Swing, in his article "Prescription for Survival," in the February 18, 1950, issue of *The Nation*, stated that the greatest revolution of our times is not that of atomic fission but "the revolution caused by the fact that there no longer exists effective primary military defense of civilian population and areas against destruction from a foreign enemy." Mr. Swing pleads for world government on the basis of human and humane moral codes of governance for individual and group benefit. He suggests that America take the lead in attempting to work for world law even though the Russians may reject such a program. For if we say, "The effort is not worth making . . . it is to declare that we are absolved from seeking safety for ourselves and all mankind since we have no advance assurance that the Russians will match us in morality and wisdom. If that is what we have come to, the hydro-

gen bomb may well be our measure as a moral people."

This last statement of Mr. Swing's is a question and a challenge. Is the hydrogen bomb our measure as a moral people? Is our moral toughness, our clarity on moral issues and our allegiance to them so low that we must have assurance of success before we try? Is our spirit so crushed, our mentality so diseased that we can only think of safety in terms of the defensive totalitarian notion of inciting and increasing fear by amassing more monstrous material weapons of destruction?

People in various fields of endeavor have come forward with affirmative and constructive answers to Mr. Swing's challenging statement and to the further questions that I have raised. Their focus is on how we can aid in movement toward the goal we all have in mind here and now, with our human resources of feelings, thoughts and actions and with our abundant material resources. There is no overfocus on an idealized end result, but a recognition of the humanly fallible process of moving toward that realization.

The clarification of moral issues has emerged as the main theme in the chorus of answers to the question, "How can I as an individual—we as a group of individuals—aid in resolving the problems of the world?" With clearer moral issues we can more effectively work towards living together harmoniously in one world and stave off a world catastrophe. Albert Schweitzer, humanitarian and theologian, says we must begin with a greater reverence for life itself.

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How can we as human beings with our knowledge and experience in the field of psychoanalysis contribute to a clarification of moral issues—a clarification which we also feel is essential and fundamental to a resolution of the world's ills and to the problems of each individual human being? We believe we have something definite to say about what is moral and what are moral ideals. We believe we have some knowledge as to how a hierarchy of moral values is encouraged to become defined and evolved in growing individuals. We can see from the treatment of children and the histories of adults how real ideals were encouraged and supported, or how ideals were forced in the

direction of distortion and exploitation. In the course of therapy we can see how confusion and illusions about moral values are dissipated to the end of developing real moral values that have obligating power for that person's life.

And finally we can say something about how an individual finds his place in the world of which he is a part, how he affirms his values and how he expands in constructive ways.

This symposium is our attempt, as psychoanalysts, to stimulate and to enlist your critical participation in our contribution toward clarification of moral issues so urgently pertinent to the future of all of us.

KAREN HORNEY

When we speak of analysts in therapy operating with moral values, some people may be concerned that the analysts' particular values may exert influence on the patient and, therefore, interfere with the patient's autonomy. An analysis without interference or influence by the analyst is impossible. In every human relationship one person influences another.

The analyst needs a set of values to operate as a psychoanalyst. These will determine what he takes up with the patient and what he discourages and/or encourages. The analyst needs a set of values related to the patient's problems and of a kind to help the patient with his neurotic difficulties.

What is analytical therapy? Is it only a process of gaining awareness? Is it only a process of gaining self-knowledge? Its aim is actually towards reorientation. Self-knowledge which does not lead to a reorientation is of no value. Analysis itself is essentially a disillusioning process in large part. This disillusionment is necessary but has been over-rated for a long time—for it is not enough. In O'Neill's play, *The Ice Man Cometh*, the deteriorated alcoholics gain disillusionment which only leads to further misery, as they are no longer able to summon up constructive forces to utilize the insights gained.

Neurotic development is the opposite to

healthy human growth. In every human being there is the urge to grow and develop his human potentials, according to his special gifts and environment. He may become more cautious, hard, self-reliant, contemplative, active or dependent, but the more healthy he is the more the individual tends to develop his own potentialities. The neurotic gives up development of his real self to establish a glorified self, being driven towards absolute perfection by various tyrannical shoulds and claims.

We can understand the main process going on in neurosis by seeing that energies are used to prove one is a unique, superior being rather than to promote true self-realization. This results in the building up of false pride and, eventually, the neurotic turns against himself if he doesn't live up to the impossible demands he makes on himself. This is a moral problem.

Granted that neurotic inner dictates lead to a cramping of our spontaneity and are a whip which we use to drive ourselves into perfection, don't we still need these inner dictates which push us towards healthy moral conduct? The answer depends on the kind of belief one has in human nature. Three groups would answer this question in different ways:

1) Man by nature is primitive, sinful, instinct-ridden and bad. With this belief one

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must adhere to superimposed moral dictates and sanctions to insure moral conduct.

2) It is taken for granted that there is something essentially good and also something essentially bad in human nature. The responsibility rests on the individual to place a check on his own bad, sinful drives. It implies that man needs help from outside sources, like "Grace," to be good, which is the hope for salvation. It implies that the bad in man may be inhibited by fears and the goad of moral conscience.

3) We believe that there are constructive forces inherent in human nature and that man, on his own, wants to grow and develop his own potentialities. Each person has within him what I would call the morality of evolution. Efforts go spontaneously towards the liberation of constructive forces.

The work of eliminating obstructive forces is one of our moral obligations. Any kind of righteousness is obstructive to growth. We must realize our mistakes and try to correct them. One must begin by facing and understanding and solving his own inner conflicts before trying to solve conflicts between self and mankind.

Self-analysis with healthy self-fulfillment becomes, then, our chief moral obligation to ourselves and to others. Truthfulness toward ourselves is an absolute necessity. Mutuality toward others is important as we must have good relations with others to realize ourselves.

These moral values and goals do not interfere with the patient's autonomy, but help him to find and express his own moral autonomy.

MURIEL IVIMEY

Why do we include the factor of morality in our study of psychic health and psychic sickness? Why is psychoanalysis concerned with questions as to what is good and bad, what is right and wrong for human growth and development? Why do we take into account in a scientific system of thought such matters as moral values?

It is a fact that in getting to know the people who want help in their distress, however they experience it, we come upon disturbances in the sphere of moral values. We find that the conscience—the organ, so to speak, of moral judgment—is highly inflamed by intense and irrational guilt feelings; or a total cynicism points to the conscience being entirely out of commission; or conscience functions so as to produce great confusion or reversals of moral values. What is destructive to psychic well-being is held to be important and valuable, and what is really good is regarded as not worthwhile, stupid or meaningless.

Is the faculty for moral judgment entitled to serious scientific consideration? If one adheres strictly to the methods of traditional physical science, one must logically leave the study of the soul, the seat of conscience, to philosophers and theologians.

But in psychoanalysis, our subject matter is the psyche, or soul. It rests, to be sure, on physical life, but is itself non-physical, non-material in nature. For psyche we use the term *self*, the inner, central core of being. The self is expressed in thoughts, feelings, fears, terrors and the profound sense of reality that accompanies fulfillment of what we are naturally meant to be in ourselves, to ourselves and in our relations with others. We believe our subject matter cannot be studied according to methods applicable to the physical sciences. It is of a different order. Hence, our approach must be of an order appropriate to our subject matter. We broaden the concept of science and include matters pertaining to religion, philosophy and the arts in our search for understanding of psychic phenomena and in our efforts to help others to solve psychological problems. The material we are dealing with—the whole man, the real self—requires this broader perspective.

One of our basic premises concerning human nature is that there exists in the real self of every human being a deep, vital interest in health and well-being, and an inner knowledge of what is good and right as a directive for growth and fulfillment.

PSYCHOANALYSIS AND MORAL VALUES

This remains with us from the cradle to the grave. It becomes clouded or eclipsed in neurosis insofar as healthy expression is concerned. It is in these terms—healthy and unhealthy—that we approach problems involving moral issues. Neurotic development forces the individual off the track of healthy development. Starting life under the adverse conditions of undue psychological pressures, extremes of over-protection and harshness, and the imposition of false values, the immature, malleable child looks to his safety in a factually endangering environment. He cultivates compulsive ways and takes as important and valuable whatever will insure survival and safety. Inner conflicts between discrepant compulsive drives produce conflicts in values. Innumerable dilemmas precipitated throughout life experience result in intense and irrational feelings of wrong-doing, flagrant perversions of moral values and total cynicism. In bringing moral issues into awareness during analysis, we enable the patient to avail himself of his innate capacity to distinguish the spurious from the essentially good, to reject self-stultification and self-de-

structiveness, and to establish for himself moral directives which will lead to healthy self-realization.

In considering moral issues, we are not limited to those associated with particular established institutions, such as marriage, family life, business practices, social conventions, political ideologies, organized religious systems of thought. Within such frameworks there may, and often do, exist certain fundamentally sound values. But there may be much that is false and confusing. We are concerned with deep and essential issues as to what universally and fundamentally makes for psychic strength, inner dignity and self-respect, for the release of creative energies, and for good relations with others.

We lay no claim to absolute knowledge of what is good, nor are we prepared with dicta, formulas and recipes for happiness and well-being. It is for each one to seek to know himself as he is, to find and reclaim his real self and in the finding to discover this central force for positive constructive growth, the innate capacity for moral judgment.

ALEXANDER REID MARTIN

Healthy growth and growing consists in a gradual refinement of what in the beginning was a crudely integrated relationship to life. The child within us is not something to be afraid of but, rather, the child is something to be loved and respected. Discipline of ourselves or others, based upon fear of the child, results in repression, whereas discipline based on love and respect for the child is healthy control. A happy, secure child, assured of warmth and predictable love and affection, will adapt its natural and, therefore, unconflicting hungers and drives to the social pattern.

It is the insatiable, conflicting, neurotic, anxiety-driven demands and cravings that lead to all the serious deviations and gross immoralities which Freud ascribed to the id, and which necessitate a rigid, fear-determined, superimposed, moral system which Freud ascribed to the super-ego. This

whole compartmentalizing of the human being violates the holistic concept and is an expression of acquired inner conflicts. The vengeful God, who demands "an eye for an eye and a tooth for a tooth," represents a compulsive, inflexible morality which increases anxiety. The growing concept of a God of Love and Mercy lessens anxiety.

The child finds his whole being involved in conflict when he is exposed to a hostile personal environment. This necessitates his acquiring conflicting attitudes and emotions toward people. Giving up his wholeness and wholeheartedness, he finds that he can avoid the agonizing terror of total conscious involvement in conflict by a process of protective dissociation and detachment. However, the loss of wholeness, with its associated lowering of consciousness and detachment, produce great feelings of weakness, separateness and inability to make decisions. The in-

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dividual now lacks effective authority or self-control. He must now set up or find some rigid, inflexible authority outside himself and use it as his own. Obsessional behavior in anxious children exposed to erratic discipline represents the child's attempt to put his inner world in order by straightening out the external environment.

Healthy people who really feel, and have a real awareness, possess a certain basic morality. Moral values in the neurotic, who is afraid really to feel, deprecate as a result of insensitivity. Repression of and defenses against the admission of feelings and hungers arise because the individual is so weakened by internal conflict that he fears he cannot control them.

The terms "depressed," "dispirited," "disheartened," literally tell us that the conflict-ridden individual has pressed down his feelings, divorced himself from and denied his spirit and his heart. The result is futility and despair. Life has no meaning. There is complete disregard for life. There is no altruism. We are told by the theologians that the sin of despair is the greatest sin of all.

The greatest immorality will occur in those who have been impelled through weakness to repress and deny their own true feelings. This repression of feelings is reinforced by a compulsive intellectualism, and the greatest perversion of moral values has resulted from the cultural glorification of this compulsive intellectualism.

In analysis, we deal with the anxiety that besets the conflict-ridden individual when he discovers, or is on the verge of discovering, new power in himself. Controlling that power poses the big problem. He still feels weak; he still needs the superimposed authority; he still cannot trust himself. He may deny it, refuse to admit it, or belittle it. He is fearful that he will make mistakes with it, do the wrong thing, go too far. He may use it to erect stronger defenses against what to him is a hostile world, or he may use it destructively against others to keep them at a distance and to defend his illusions of himself. A great many, weakened by their conflicts, cannot accept the responsibility of newly discovered strength and power and there is, at this time, a great

need for a rigid, inflexible outside authority.

We have to accept responsibility, not only for our own strength, but for our uniqueness. This becomes a problem to those who fear being different and accepting responsibility for being different, which means healthy friction with others. If you have respect for yourself, you will compete to *improve*—and not to prove!

Growth in man's awareness of himself proceeds with ever-increasing acceleration. There is greater awareness of the inconsistencies, contradictions, conflicts and hypocrisies that prevail. Every admission into consciousness of our total involvement in conflict brings with it a sense of greater wholeness and strength, and enables us gradually to assume our original basic superiority over all acquired conflicts.

Modern psychoanalysis assists and prepares the individual gradually to admit into his consciousness his total involvement in conflict. He gains strength to admit more and more, and eventually begins to substitute healthy control for repression. Along with the increased sense of wholeness, there is a whole-hearted emotional acceptance and integration, both of the inner world and the outer world.

Modern analysis is concerned with all the influences, external and internal, that regulate conduct and behavior. It considers to what extent morality is superimposed and compulsive. It considers whether morality exists outside oneself with a consequent renunciation of responsibility, or whether it grows out of a healthy, integrated relationship to external authority and an ability gradually to accept responsibility for all one's actions. We accept the fact that all immorality is acquired and the expression of conflicting neurotic and anxiety-driven tendencies. As adults we will accept the responsibility for the self-perpetuation of all compulsive, neurotic patterns, whether moral or immoral. We accept full responsibility for making the bed we lie in!

Modern analysis emphasizes the adult individual's degree of responsibility to himself and others. Modern analysis places responsibility upon the early associates—the

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parents and siblings—for initiating certain neurotic patterns, and upon the insensitive culture in early childhood for unwittingly perpetuating them. Analysis now tries to make individuals realize that with advancing years, they alone are more and more responsible for unconsciously perpetuating their difficulties. The analyst has a moral responsibility to operate according to this principle and in due time to convey this

gradually to the patient.

An individual will grow straight unless something makes him grow crooked. When the factor that made him grow crooked is removed, he will grow straight again. It seems to me that the great immorality consists not so much in the deviation from upward growth *per se*, but from an unconscious, or perhaps conscious, perpetuation of the neurotic patterns.

FREDERICK A. WEISS

Though psychoanalysis is still young, it is today a recognized factor in our whole cultural life. Initially, Freud's discovery of the existence and power of unconscious emotions was received with hostility, scepticism, disregard or rejection. This unfavorable response was based on two main factors. First was the still-prevailing spirit of the "era of enlightenment," with its over-emphasis on intellect, consciousness and control of emotions. Second was Freud's attack on the pseudo-morality of the Victorian era, with its hypocritical facade of respectability and prudery, and his shattering of the conspiracy of silence concerning genuine emotions, especially those about the body and sex.

Psychoanalysis has learned from recent anthropological and sociological research that human nature is by no means unchangeable and is not determined only by the innate instincts of sex and aggression. Rather, it is the early emotional environment which molds a healthy or a neurotic character structure. Cultural, social, and educational factors strongly affect the character of man, his motivations, his values and his goals. It has learned from philosophers, like John Dewey, that there exists a "moral science which is physical, biological, and historic knowledge placed in a human context where it will illuminate and guide the activities of man."

Modern psychoanalysis in its holistic and dynamic approach sees the neurotic structure as the manifestation of a distorted emotional growth. This defense structure of the neurotic, built up for emotional sur-

vival and for protection against the inner conflict, represents the pseudo-self. The neurotic becomes more and more alienated from his real self, which is the only source of true strength and growth.

The weak self of the neurotic, undermined by anxiety and driven by compulsive trends, only knows the safety-value of pseudo-morality. It is unable to relate itself to genuine moral values. Moral values cannot exist in an atmosphere of fear, compulsion and inner conflict. With the strengthening of the real self, the need to maintain the facade of pseudo-morality diminishes and the capacity for genuine moral judgment grows. "Good" is no longer that which complies with the demands of a tyrannical idealized image; "bad" is no longer what defies it. On the contrary, "good" is what contributes to the full realization of the real self, which often is the same as defiance of the inner dictator. "Bad" is what interferes with and obstructs the growth of the real self, even though it may equate compliance with the tyrant within. In this concept, morality has no longer a negative, obstructive role but a positive, constructive one. It no longer negates life but contributes to fuller living.

I want to focus now on the role of psychoanalysis in the basic conflict of our time. Science has achieved tremendous power in the last half century. It has achieved the power to destroy all human life, and it might be driven to use this power unless the long-neglected but very real power of moral values proves stronger.

Science itself has become frightened. It

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is calling urgently for the revival of moral values. Albert Einstein recently said, "Human beings are not condemned because of their biological constitution to annihilate each other or to be at the mercy of a cruel, self-inflicted fate. . . . Unknowingly prisoners of their own egotism, they feel insecure, lonely and deprived of the naive, simple and unsophisticated enjoyment of life. . . . The education of the individual, in addition to promoting his own innate abilities, should attempt to develop in him a sense of responsibility for his fellow men in place of the glorification of power and success. . . ."

The self-glorification against which Einstein warns is one of the dangerous neurotic attempts at solution. It cannot work. It must lead to war and destruction. Another such neurotic attempt is the externalization

of this conflict—to place blame on others, to make scapegoats of other racial, social or religious groups. The maintenance of an idealized image of our culture is another attempt. It prevents us from making sufficiently real efforts toward constructive intersocial and international relationships.

If neuroses grow in the unhealthy soil which fosters basic anxiety and self-rejection, then let us plough up this unhealthy soil. This vital work must involve more and more families and communities.

Though science has diminished our bondage to external nature, our human bondage caused by anxiety and compulsive drives still prevails. To free man from this bondage to compulsive drives which lead him away from himself, to give man back to himself—to his real self—is the task of constructive psychoanalysis today.

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THE COMMONSENSE PSYCHIATRY OF DR. ADOLF MEYER. Fifty-two selected papers. Edited, with biographical narrative, by Alfred Lief. 677 pp. 1948. McGraw-Hill Book Co., Inc. \$6.50.

DR. ADOLF MEYER has long been considered the "dean of American psychiatry." His life work covers a long span of years, from the early 1890s to 1941 when he retired as professor of psychiatry at Johns Hopkins University at the age of 75.

From the beginning he was keenly interested in fundamentals and in his psychobiology he attempted to create a scientific basis for psychiatry. In the 1890s he was far ahead of his time when he began to work persistently toward a complete recognition of the importance of personality factors in psychiatric disorders. He was opposed to the fixed and fatalistic psychiatric nosology of his time and in the course of years he developed his own concept of the relatively flexible reaction-types, calling for a formulation which gives due attention to the observable facts of the case, objective as well as subjective, psychological as well as physical—and expressed in everyday language, with caution against the unwarranted use of high sounding abstractions, whence the name "commonsense psychiatry." Although he made basic contributions to most areas of psychiatry and wrote many papers, he never published a book. He worked constantly on fundamental questions and offered his answers publicly, but he was never quite satisfied, believing that everything could be improved upon by further effort and a book would perhaps suggest finality.

Through his capacity to see essentials

clearly, Meyer's work took on an aspect of a philosophy of psychiatry. Much of this seems to me to be quite original and I believe it will endure. His other important role was that of a teacher of teachers. Former pupils, as well as older psychiatrists from everywhere, continued to come to him for help in the clarification of their own ideas and projects. In the clinic he was keenly interested in every one of his staff and he had a great gift in bringing out in the other fellow of what was best in him.

He welcomed new ideas, provided they were put to the kind of rigid test which he demanded. What attracted so many research workers to him was his pluralistic approach in which he kept a receptive mind for any factor for which evidence could be found. Much of his activity was determined by the fact that he was the head of a teaching hospital for psychiatry for many years. The psychotherapy he developed was, therefore, institutional psychiatry at its best. The Phipps Clinic did not offer a similarly well-grounded training for work with the outpatient or the private patient.

Much of our present day dynamic psychiatry is derived from his concepts and from his influence. He contributed to the building up of a science of man as a foundation for psychiatry. His concept of human nature does justice to the biological, social, and spiritual aspects of man. Man can grow as a person, be creative and responsible. Meyer speaks of spontaneity as that which each one is and does on his own, out of that which characterizes the person, or what he is and does in his own way, without particular external prompting or coercion. Growth toward maturity implies spontaneity which

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broadens out into responsibility. He called for a kind of self-discipline which, because it is well integrated, promotes spontaneity. That he had a keen sense for whatever obstructs spontaneity is indicated in the questions he asks in the face of the active force of the personality. "Is it wholehearted and all there, or drifting and unformed? Is it wholeheartedly one with the self and also with what the self belongs to? Is it just in a fit, a squirming, like the first general reactions of an embryo or fetus, or nearer that final and highest attainment of a personal enthusiasm, elation, a force unified and harmonious and pointed? A harmonizable creative rise, urge and espousal? To what extent are the heart and the 'sense' in it, clear and whole-souled, illuminated by understanding and clearness of outlook and goal, an evidence of dependable spontaneity?"

Meyer expresses faith in man and in the democratic way of life. We live in a period of accelerated evolution. Progress is seldom achieved by big jumps. Solid progress comes from testing of one's schemes for better living, step by step, and in close cooperation with others. Away from blind obedience to authority and toward "control by consensus, by understanding and collaboration." "We have a problem of reality of relationships, the hardest thing to acquire, and to maintain where you have it, and to develop as you need more." Meyer saw clearly the interrelatedness of the psychopathology of the individual with the pathology of society. Social forces can be detrimental as well as beneficial to the individual.

The unusual combination of the capacity to see essentials clearly and the capacity to maintain perspective, and thereby to see these essentials in their proper relationship, this combination of capacities Meyer possessed in a high degree. Because of this he was opposed to Freudian psychoanalysis from the beginning. With its focusing on sexuality and repression he considered it the product of one-sided generalization. Sexuality in man is something flexible and not comparable to the "quasi-immutable and obligatory" biological needs of hunger, thirst or respiration. Growth toward ma-

turity implies acquiring a capacity for making responsible choices, decisions. When sexuality is a problem we deal with "mismanagement of conflicts and desires" and with larger problems, such as lack of orientation toward the goal of family formation.

Meyer was opposed to the emphasis on childhood in therapy. On the other hand he called attention to the fact that we knew too little about childhood and pointed out the need to study the child directly. He felt it was presumptuous on the part of the adult to want to guide and mould the child, when he had plenty to do to put his own personality in order. "Grownups lose the ability to read the child intuitively, as the child can read the adult." The child manages largely through his "penetrating observation of emotional attitudes" of others and the adult has often lost much of this ability. He wants to understand and guide the child before he has acquired the capacity to understand and guide himself. "If the adult turns freedom into license and discipline into vindictiveness, the child and the youth become rather wary and class-conscious beings."

He was opposed to the Freudian concept of transference and to relying on it in therapy, because he encouraged collaboration rather than dependency. At the same time he appreciated the interest the Freudian analyst showed in his patient and the painstaking and minute study he made of his cases, and he held this up as an example to his staff.

He believed that neuroses and psychoses are understandable because they are personality disorders—unless proved otherwise. But Meyer made no attempt to formulate a theory of neurosis. This to him meant dwelling too much on the pathological. He was more interested in what is healthy and positive, and his attention was directed at getting at the facts and at working with the patient by stimulating his interest in what he can understand and in what he can do with himself and with his environment. He felt it was the psychiatrist's obligation to bring into this work the nurses, the attendants, the patient's family, the family physician, rather than working exclusively with the patient. They, too, needed help if the

patient was to return to a more healthy and more understanding environment.

He encouraged the taking of verbatim notes of the interviews with the patient, in order to be able to study the meaning of what the patient said in detail. Although he made little use of the free association method, he said, as early as 1910 "we do well to remember that seeing meanings may well become a matter of training and critical cultivation." He emphasized that no matter how alienated the patient was from others, he was not essentially different from us and that we, too, needed to do a continuous personality study on ourselves, to enable us to do better work with the patient. This is of course not comparable in depth to what we understand today by the personal analysis required of the competent analyst.

He warned against the tendency of the scientist to appear remote and Godlike and he was ceaseless in his demand that one adhere to facts. Therefore, in spite of the philosophical character of his work, it has also a down-to-earth quality. I think that in many ways he prepared the ground for Horney's work. He debunked far-flung theoretical ideas. He saw the one-sidedness of the Freudian theory. On the other hand he had little use for the concept of the unconscious and he did not even attempt to study in detail the neurotic conflicts and the basic neurotic character. He came close in his concepts of human nature to Horney's ideas, yet when one contemplates the richness of Horney's findings, one is amazed that so much has escaped him. I don't doubt that he would have been in agreement with much of what is presented in Horney's books, but her work came to be better known at a time when Meyer already had retired from active public life.

The present book seems well organized. Mr. Lief has given the essential biographical data and has written good introductory pages to the various groups of papers. On the whole it offers a correct picture of Meyer's work and the reader will be well prepared for a more serious study of the collected papers, which, it is hoped, will be published in full, in the near future.

—VALER BARBU, M.D.

MALE AND FEMALE: A STUDY OF THE SEXES IN A CHANGING WORLD. By Margaret Mead. 477 pp. Wm. Morrow & Co. \$5.

In *Male and Female* Dr. Mead undertakes the task of emphasizing differences between the sexes. She believes that the difference is "one of the important conditions upon which we have built the many varieties of human culture that give human beings dignity and stature." Since Dr. Mead feels that men's contribution, by way of special gifts, has been amply made, the task becomes one of showing that women also possess special gifts. If these are brought out and developed, it follows, she contends, that civilization will be correspondingly advanced.

Dr. Mead makes use of her extensive investigations in the South Sea island cultures. These findings are compared continuously with her findings in modern society. This is feasible for Dr. Mead since she proceeds on the basis of our biologic ancestry, the basic common denominator for her. The next step is to separate this biologic ancestry into two main categories, the male and the female. These are fundamentally different on the basis of sex differences. Women, by reason of their special biologic makeup possess superior characteristics denied the men. However, the men, because they lack biologic superiority, have created many aspects of culture, of art, of science through a process of compensation. Women have no real need to involve themselves in such pursuits.

Female superiority, Dr. Mead contends, is the result of biologic rhythmicity derived from her periodic menses, childbearing, defloration and menopause. These "punctuate" her life and give her a "solid sense of irreversible achievement." This occurs because a woman "is." Men, by contrast, are driven to a state of "doing." Men's position on the whole is a "cultural" elaboration. As evidence for the basic superiority of women Dr. Mead offers the "womb-envying pattern" of men in primitive cultures who recognize the superiority and therefore imitate the women. As long as the men are successful in compensating for their inferiority by

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maintaining the womb-envying customs in secrecy the culture can persist.

The male's compensated state is always a very precarious one since it is easily endangered. Women do not suffer this risk. Their security is automatically attained "by nature." It now remains to bring this valuable automatic solidity of the women into greater play in the culture in order to make its health-giving effects available. Motherhood is regarded by the author as "natural," instinctive. On the other hand fatherhood is a "social invention" which requires a "social learning" process in order to develop. The behavior of the female monkey, as well as other mammals which mother the young is offered as evidence. Part of this instinctive equipment consists of "intuition." With this special factor operating in force women will be able to erect "constructs," ways of correcting the lop-sided civilization created by men's overemphasis on science.

The conclusion is one in which women occupy the enviable position, the superior one. The author feels that a full realization of this fact has been obscured by the pride men have taken in their achievements, a pride which incidentally, has barred women from engaging in these pursuits also. As a result "women's intuitive gifts have lain fallow, uncultivated, uncivilized."

The questions raised by the book revolve, in essence, about the problem of the inheritance of drives, capacities and tendencies. Once the stand is taken that such a state of affairs exist, then the remainder will follow upon assigning further "roles" to men and to women based upon a given inheritance. Other questions which suggest themselves to us have to do with the possibility, on a dialectic basis, of men and women moving independently of each other.

From the standpoint of orthodox psychoanalysis Dr. Mead's position is, in some respects, the obverse side of a coin first turned up by Freud. The reference is to the matter of womb-envying patterns which the author describes. Freud postulated penis-envying patterns in women and he, too, arrived at this position on equally cogent biological grounds. The important fact is that both are

describing not biological by psychosocial phenomena. Regarded from this viewpoint, the data these investigators offer may help to cast some light on the dynamics of the dialectic relationships that obtain in a given culture. But viewed from the biological aspects with the focus on "irreversibles" and "inevitables," we are confronted with the proposition that the human spirit is shackled to a sex organ by a whimsy of fate.

Dr. Mead's overemphasis on sex as a determiner of character dynamics serves to keep before us the danger of deriving a whole from the consideration of a part. In the author's presentation of the problem of parenthood, this fact, in a modified form, makes itself evident when parenthood is seen in a split light. Fatherhood comes to be a "social invention" requiring a social learning process to effect. Motherhood is a "natural" phenomenon. What the author fails to see is that human motherhood is as complex a social development as is human fatherhood. It might be considered by some to be a grave oversight and a serious injustice to the female sex to have to regard their task as something established by mere reason of "being."

Fundamentally, these are fruitless exercises, for to engage in questions of superiority at all is merely to start in motion a vicious cycle which will come to have a life of its own, thereby taking away our interest from the real problem. In modern psychoanalytic terms questions of superiority of this nature belong to psychological structures which we call "idealizations." In the growth process such idealizations have shown themselves to be deterrents. The effects of this kind of thinking make themselves felt in other areas in Dr. Mead's thesis, for example, the use that is made of the Adlerian "overcompensation." Here an individual with a defect develops to a high degree some particular skill. This is taken to demonstrate that the defect is the cause of the development. Modern psychoanalysis is demonstrating in certain cases that the high degree of skill developed can be part of a chain of events at the center of which is basic anxiety. The skill may represent only

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a successful neurotic solution bought at great cost to the individual. In having mastered his defect he may have achieved the seemingly impossible, for he may now come to feel himself as a being identical with the idealization of his defect. This is to be regarded as a dead-end in the course of the individual life even though, at first sight, the skill or aptitude may be on a continuous increase. Such a skill represents the overgrowth of a part process. Psychologically as well as biologically the hypertrophy of part processes means generally the death of the organism. The outcome is a hopeless one from the vantage point of whole growth. Other evidence of this kind of thinking perfuses throughout the book. The individual cannot be seen as wholly responsible for his own growth. Instead he must be protected from insights, or insight interpretation left to "competent professional groups with well-developed ethics of responsibility."

Ultimately Dr. Mead comes to see the individual as possessing innate destructiveness. This too, as also with Freud (death instinct), is an inevitable result. Horney in *New Ways in Psychoanalysis* clearly demonstrates the untenability of this position. Briefly, from our position the individual who is free to grow does so by way of realizing his own potentials. If there are destructive processes at work in him they are there because outside deleterious influences during childhood gave them their start and not because they are there as part of his heritage. Once begun these destructive stimuli, or basic anxiety, can set going defensive measures which develop so extensively that the individual becomes a veritable human fortress. It is not too difficult to mistake the fortress for the frightened bit of humanity it imprisons.

Perhaps the greatest value of *Male and Female* is the opportunity it affords to the reader to reexamine his own position in the light of the kind of thinking which has gone into the formulation of this book. Basically it tries to deal with the prodigiously important area of prejudice in human behavior. It aims to bring people closer together. But implicitly it demonstrates that

coming together is more than a mere wish —it requires the internal consistence of a way of life which has demonstrated its capacity to grow within its own borders and in relation to others. *Male and Female* has not demonstrated internal consistency. In fact it shows how, because of its premises, it will inadvertently foster bias except that now it will be the other side of the coin. It is the women who are on the ascendent, the superior. By this very process, however, the book serves to expose this inconsistency and, hopefully, it can be of service in ridding the human race wholly of bias, for neither one sex nor the other can lay claim to superiority. With each piece of prejudice exposed and uprooted, real growth will occur and new meaning will be given to living.

—LOUIS E. DEROSIS, M.D.

VARIETIES OF DELINQUENT YOUTH: AN INTRODUCTION TO CONSTITUTIONAL PSYCHIATRY. By William H. Sheldon, Ph.D., M.D. Harper & Brothers. \$8.

PSYCHOANALYSIS is frequently asked if it might not be feasible to change society directly since neurosis springs from environment and culture. This line of reasoning urges that more active preventive steps be taken. Modern psychoanalysis well recognizes the relationship between the individual and society but believes that the motive force for change in society must come from individuals. As people are able to operate more freely and rationally they will automatically take steps to improve the culture genuinely. Dr. Sheldon presents an opposite view in the book under review.

When Sheldon attempted to correlate constitutional characteristics with psychiatric findings, he found no quantifiable variables by which these findings could be expressed. As a constitutional psychologist who considers behavior in the light of structure, he found that the classification used by psychiatrists was "non-operational." It did not work. He concluded that a new approach to psychiatric classification was needed.

Sheldon observed that diagnostic psychiatry relies on a tripolar typology for a frame

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of reference. At the psychotic level there were cases with affective exaggeration, those with paranoid projection, and those with hebephrenic regression. While the paranoid patient is fighting against something and has a "somatotonic drive," in the reaction away-from, the drive to achieve and dominate has been abandoned, or "jettisoned." The patient has reacted away from the problems of life. Thus hebephrenia seems to make operational sense in terms of a pathological lack of somatotonia. The manic-depressive reaction pattern shows a low threshold of reaction and emotional expression, according to Sheldon. The manic state is somatotonia gone wild, while the depressed phase shows pathologically uncontrolled viscerotonia. The lack of cerebrotonic restraint is the constant feature. Manic-depressive psychosis, then, does not describe a disease entity but a reaction pattern characterized by a pathological absence of inhibition. The paranoid, unlike the affective psychotic, in Sheldon's terms lacks "participant compassion." He finds no joy in food or company and cannot relax. (These are viscerotonic traits.) Cut off from viscerotonic expression and unable to jettison, he is constrained to carry on with the only reaction available to him, the reaction against. Biologically, the paranoid reaction seems to stem from lack of the normal expression of viscerotonia.

Sheldon evaluates functional psychoses according to constitutional components, which latter comprise the inherited morphological element and its corresponding temperamental factor. Thus the effective psychoses show about the same strength in endomorphy and mesomorphy with a deficiency in ectomorphy. The paranoid projective psychoses are deficient in the first component, endomorphy, while hebephrenic-jettisoning psychoses lack the second component, mesomorphy. His psychiatric components, which are scaled according to affective, paranoid or hebephrenic features, and which are patterned after his biological components, add little to the real understanding of mental illness. Sheldon's fundamental premise, that morphology determines behavior, necessarily renders his concepts static. No real change in the individual is

possible. Constitutional psychology hence merely states that if such and such components were present, the person would not be ill.

Sheldon's study of 200 young male delinquents, most of whom had been diagnosed as psychoneurotic or psychopathic personalities, revealed that their reaction patterns differed only quantitatively from those of psychotics and also from "normal" and "superior" reaction patterns. He concluded that temperamental predispositions may, "when out of hand," interfere with social adaptation. He suggests, however, that these same predispositions, when adequately blended with their countertendencies, may be adaptive devices. Thus the first psychiatric component, in pathology called either manic-depressive or hysterical, depending on its severity, is manifested by too exuberant expression of energy. If "discriminative inhibition" were greater, the person would be described as buoyant and sympathetic. In like manner, the second psychiatric component, the paranoid or obsessional, is biologically a state of reacting "over-discriminately." Here affective compassion is too low, otherwise the individual would be considered alert and dauntless. Similarly, the third psychiatric component, the hebephrenic or neurasthenic, seems like a process of relinquishment. In hebephrenia too much is relinquished, otherwise the individual might have been called high-minded and sublime. Sheldon thus hypothesizes that buoyant enthusiasm, the quality of heroism and the power of relinquishment may be cardinal biological virtues needed for evolutionary survival.

Again, Dr. Sheldon's thinking is limited by constitutional, inherited components. Mental illness results because a counterbalancing component was not inherited. His "buoyant enthusiasm, heroism and power of detachment" are reminiscent of the three healthy moves Horney mentions, the ability to be friendly, to assert oneself, and to be by oneself. For Sheldon these faculties assume pathology mainly because of an unfortunate constitutional endowment. Horney's theory, on the contrary, provides a working understanding of how such healthy moves become

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compulsive and create further conflict. Such a theory makes "operational sense" in that its application enables emotionally disturbed persons to resolve their conflicts.

Sheldon views the question of whether delinquent boys are so endowed that it is normal for them to prey on others as a "religious" question. "Religious" implies a concern with the more remote implications of present behavior. Any institution or philosophy which fails to use "religious energy" in such a way as to secure the biological future of the species is delinquent. The delinquent boy indulges the present biological self and lives for the flesh. Hebephrenia, like Christian theology, is a throwing away of the biological self in order to obtain relief for the present through mystical delusions. Freudian psychoanalysis encourages the patient to blame his environment and thus escape responsibility.

Sheldon's "religious consciousness" is a quality which transcends a mere satisfying of biological needs and can perhaps be better understood as one of man's universal moral values. It is a function of the real self in Horney's sense and its promotion is one of the aims of psychoanalysis. It is to Sheldon's credit that he recognizes various stratagems used for avoiding deeper issues. However, these neurotic stratagems, which through psychoanalysis can be exposed, understood and dissolved, are seen by him as a direct consequence of inherited factors and so impossible to change.

The heaviest reproduction today, Sheldon states, is taking place in those ranks who are

inferior. Man has already earned by irresponsible reproduction of the past "such inconveniences" as wars and social chaos. Since salvation of the species in his opinion lies in the prevention of irresponsible reproduction, one of his "constructive proposals" to combat delinquency is selective reproduction. The success of such a measure would presuppose world control by a group of nations and this is recommended by Sheldon. Reproduction could then be recognized as a kind of licensed and subsidized specialty delegated to a select few.

Sheldon's zeal for the idea of selective reproduction seems to justify in his mind the enforcement of measures which would encroach on individual rights and wishes. While there may be some justification for planned reproduction, such a measure can be successful only if a majority of human beings favor it. This can be achieved through education and a full realization by individuals of the consequences of present-day reproduction for them and their offspring. Through character analysis the individual can recognize the consequences of his total behavior for himself and for society and can do something about it.

In summary, Sheldon's studies of emotional disturbances in man as an individual and as a social being offer many stimulating observations. His concepts and their therapeutic application, rooted as they are in constitution and heredity, reveal their basic hopelessness and serve to enhance the benefits of modern psychoanalysis.

—BENJAMIN WASELL, M.D.

SCIENTIFIC MEETINGS

Regular Meetings at the New York Academy of Medicine

MOVEMENT IN DREAMS. (*Harold Kelman; Sept. 28, 1949*) To understand the abstract concept of process, I shall start with the concept movement. I am urging a greater consciousness of our capacity to think abstractly and to develop that capacity. The concept of wholes is an abstraction. Humans limit their horizon by demanding visual concretions. This is based on the false assumption that anything of which a picture cannot be drawn does not exist.

Dr. Horney has used the concept of movement in speaking of moves toward, against, and away from others. In her recent work on attitudes toward self, she speaks of moves away from the self toward glory, and against the self, as expressions of self-hate. The concept of movement is present throughout the biological and physical sciences. I shall use the words "movement," "moves" and "moving" as we are accustomed to hear them, but in all instances the connotation shall be that of *moving*. The word *moving* more appropriately connotes the concept of process.

Movement is an essential aspect of process. Also, movement is a psychophysically neutral term. By "psychophysical," I mean it is equally applicable to psychological and to physical processes. Starting with psychophysically neutral terms, we will be able to arrive at a more adequate understanding of disorders now referred to as psychosomatic. Movement manifests itself in physical and psychological processes.

Neutral terms are words used as concepts which have a minimum of value connota-

tions. Psychophysically neutral concepts, if they are nuclear, can act as a corrective because they are multidimensional. They keep things open and loose much longer. They retard our tendency to form closed systems too early. If we start with neutral concepts, we can collect the evidence more objectively. The value aspects subsequently attached to such observed instances can then have greater validity.

A dream is not a phenomenal entity. It is not static or circumscribed. We abstract a segment of our thought processes and call it a dream. A dream is much more than visual. It can contain olfactory, gustatory, auditory and kinesthetic images. Also, a dream contains feelings. It has all varieties of movements. While dreaming, we are going through a process of creating out of all the stimuli we are receiving from within ourselves and getting from without.

One aspect of this creating process is the process of symbolization. A dream is a report on the state of our physical and psychic economy at a specific moment. To interpret a dream is to attempt to understand this report. A dream must be understood in context. The feelings in the dream include the dreamer's feelings in the dream, the way he remembered them later when he awoke, and when he related them to the analyst. Also, there are the analyst's feelings about the dream and his interpretations.

The physical concomitants of these feelings are expressed in bodily processes. There are neuro-vegetative and neuro-muscular components, the bodily attitudes or postures, and the motor behavior patterns. The total understanding of the dream process would include not only the dream pic-

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ture and the findings through association, but also all dimensions of feelings and of physical concomitants. Because our picture of that moment when the dream was had can only be an approximation of it, an interpretation of a dream at that moment must be tentative.

Totalistic thinking regarding dreams helps us to understand apparent discrepancies which are seen to be part of a meaningful continuity. All concrete instances, as a dream, occur in the four-dimensional space-time continuum. Space and time are two aspects of one, space-time. Space has three dimensions and movement in space is in three directions. The starting point is "here." All other places are "there." In analysis, the questions of how near, how far, and is our objective nearing or receding, are very relevant ones.

The fourth dimension of space-time is time. The time we are always in is "now," the present. "Then" refers to all other times. In our method of analysis the emphasis is on the here and the now. Notions of velocity and volume also concern us. Is the direction toward or away from, faster or slower with reference to its initial position? Movement and change have the same connotation. We are interested in questions of expanding or contracting volume. Such concepts are reflected in such terms as self-inflation, self-glorification, deflation, constriction, and self-effacement.

What do we mean by a value? Values are judgments about aspects of ourselves arising from feelings about ourselves. Complete or perfect objectification of feelings is never attained. The words "integrity" and "spiritual" are value concepts put on certain feelings. Our unceasing attempts to formulate our feelings in aesthetic values, moral codes and value systems regarding facts indicates our essential awareness of the incompleteness of the objectification of our feelings.

What value aspect do we put on attempted solutions moving a person in the direction of expansion or contraction? The attempted solutions are rational, constructive, or healthy if they move a person in the direction of self-realization. They are irrational, destructive or unhealthy if they

move a person away from self-realization. Rational would mean "in proper ratio."

Moves toward and away from are psychophysically neutral terms. Moves against is a value-laden term. There are moves against the real self and away from the real self. Moves toward the real self seem to include collaborating with pride, unconscious duplicity, and restoring or finding the real self. Certain duplicity can be seen in dreams to be a reflection of a conscious strategy to survive and become stronger in the presence of a known enemy. That person is not yet strong enough to rebel openly against the tyranny of the "shoulds."

Living is a process, and each living organism a unitary process. Integrating is the pattern of the organismal process, and exists whether the direction that person is moving in is toward or away from self-realization. Conflict is a phase of integrating and may be between the whole and a part of the organism. Central conflict, between the idealized self and the real self, involves the whole organism. Basic conflict, between major basic drives, involves two parts of the organism *i.e.*, it is a part-part conflict. Rational and irrational expanding and contracting solutions move a person toward or away from reality.

The elements we are concerned with in a dream are the attempts at solution, their position in that system and their changes in position in the process of having that dream. Moves toward and away from a position are expressions of rational and irrational, contracting and expanding attempts at solution in the process of integrating. A dream is a system of attempts at solution in various value-laden positions. Positions in a dream reflect how one is here and now. Reorientation in values means changing values put on previously held positions with reference to the ones held at present. Changing positions in a sequence of dreams reflect changing perspectives and moves, or changes in values in a rational or irrational direction.

Several examples of dreams are presented which cannot be included in this abstract. They all reflect integrating, which is the pattern of process. They reflect integrating

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as movements in time and space, as symbolic transformations, and as changing attempts at solutions. They illustrate the concepts of position and perspective.

CONCEPTS OF ADLER AND Horney. (*Nathan Freeman; Oct. 26, 1949*) Published in this issue.

THE NATURE OF INSIGHT. (*A. R. Martin; Nov. 22, 1949*) There is perhaps no word having to do with human phenomena that is more loosely used, misused or abused than the word "insight." From the viewpoint of psychoanalytic therapy, one of Webster's definitions comes close to what we mean by "insight"—that is, "the power or act of seeing into a situation or into one's self." To consider that psychiatry is only interested in insight as a realization of the morbid nature of one's condition is extremely narrow and limited. Analytic therapy is directed toward assisting people to become more aware of themselves, and is particularly concerned with all the resistances, conscious and unconscious, that are developed within the individual and prevent him from gaining insight into himself.

The problem of insight has subjective and objective components. Subjectively considered, there is emotional self-recognition of something pertaining to our way of living. There is nearly always a sudden quality about the experience. In analysis the patient has perhaps grasped something, as we say, intellectually, but much later, after considerable work, the total involving experience takes place and then suddenly the patient will say, "Now I see what you mean. Funny, I talked about it for months, for years. I thought I understood it, but now for the first time I feel that I know. I thought I understood all the time."

Another subjective quality of the insight experience is the vivid photographic impression of the spot where insight occurred. There also seems to be a heightening of other senses at this moment of insight. Still another experience which occurs in patients is the sudden realization, or appreciation, of continuity or relationship

during which a sudden connection is seen. It is where there is perhaps the first recognition of an analogy or an epitome. Another experience which I will include is a sudden realization or awareness which brings with it the dissipation of certain fears or phobias. At this time there is a recall of some early memories, indicating that it is also a reintegration phenomenon.

This kind of insight experience is certainly not limited to the analytic process, but perhaps in intensity and degree it is unique, and peculiar to the analytic experience.

Considered objectively, the insight reaction shows a wide range of organic physical concomitants—from the gasp of exclamation to uncontrolled, simultaneous laughing and crying. There are vasomotor and pilomotor changes, blanching, sweating, shaking, etc. Many of these physical manifestations may be regarded as evidence of total participation in conflict.

In all the available literature, the relation between insight and integration is constantly pointed out. The precise relationship between the two, however, is still to be worked out. Certainly, the insight experience which we see so intensely in analytic work (and also, perhaps, less intensely, in extra-analytic life) is characterized subjectively by some feeling of greater wholeness, unity and a higher integration.

Insight comes about, or is closely related to, conflict. We could say it is preceded by internal conflict. I am of the opinion that insight, with its unique emotional concomitants, occurs at the moment when the individual finds the strength to admit consciously his total involvement in conflict. Full consciousness of total involvement in those severe conflicts originating as the result of malevolence and deprivation in childhood is an anxiety-filled experience from which the individual protects himself by dissociation. The more that conflicts which have been protectively dissociated and localized in various areas are brought together, the more profound is the insight experience. By not allowing himself to feel his whole being in conflict, the patient acquires an insensitivity and inability to see

or recognize connections or relations. Insight invariably occurs when some connections are made, some relationships are seen; when there is an integrative process taking place. Full insight cannot occur unless and until the patient is able to relinquish compartmentalization and compulsive intellectualization. Growth of awareness is an ever increasing consciousness of the extent of our integrated and harmoniously orchestrated existence.

It is because insight is part of, or accompanies, an integrating or integrated process that every aspect, every temporal area of a patient's life process should be opened up, and no conflict allowed to remain localized in one structural or temporal area of functioning. It is only when the continuity, connection and relationship between conflicts in the conceptual and perceptual areas of functioning are realized and felt that we get the totally involving insight experience. This brings about a completely new and permanent attitude or orientation to life, and a greater sense of fullness and wholeness. This is what we wish to accomplish in psychoanalysis.

CHILDHOOD MEMORIES IN PSYCHOANALYSIS. (*Muriel Ivimey; Jan. 25, 1950*) Published in this issue.

NEUROTIC DISTURBANCES IN WORK. (*Karen Horney; Mar. 1, 1950*) Neurotic disturbances have a profound effect on the ability to work. These disturbances may effect the attitude toward the work actually done, as in overrating or underrating it, or they may make the conditions under which work can be done far more rigid and constricted than is usual. They can effect the ability to start, or to finish work. There may be underrating or overrating of the extent to which internal difficulties are a disturbing factor. They result in varying abilities to plan, to take risks, to take help or to delegate to others. Wide differences will exist in individual awareness of there being difficulties, and also in the amount of suffering that occurs.

In the aggressive-expansive individual, there will be a feeling of being superior,

a complete identification with the idealized image; the appeal of life will be a desire for mastery. His desire will be to overcome every obstacle, *i.e.*, to do the difficult task immediately, and the impossible a little later. Such individuals regard their work as superior, and feel that anyone who disagrees is jealous, or is attacking because of hostility. They cannot allow doubts to arise on this score, so must ward off criticism. They can't give credit to others, and no one's achievements can be praised in their presence. They must attack any job, and are sure they can do it. There is no illness they cannot diagnose and no paper they cannot write. There is a general overrating of their capacities and of the quality of their own work. They remain oblivious to any disturbances in regard to work.

The aggressive-narcissistic type, in contrast, can be the most productive of all the aggressive individuals. He is, however, swayed by his own imagination, and may scatter his talents by having too many irons in the fire. If he has any failure, he feels it is because he has too many gifts, and he will say he envies duller people. Or he may start, but drop, too many things, stopping at the slightest obstacle. He won't want to see that he has difficulties, and his seeming lack of interest is a face-saving device. He feels he hates details. Ordinary people should do such things. His pride resides in effortless superiority and in the glory of the dramatic and the unique. Sporadic efforts feed his pride, but regular efforts are demeaning. Regular effort threatens his feeling of unlimited power. The quality of his work is often disappointing.

The arrogant-vindictive individual who has had terrific early humiliations survives by stifling softer feelings. His driving force in life becomes that of vindictive triumph. His assets are that he is a prodigious worker with a real passion for work. He has a relentless ambition, but an empty life; for him an hour not spent on work is an hour lost. He works like a well-oiled machine, but often stays on the fringes of a field since his interest is in method and results, rather than in content. In speaking, he will be sure to cover every side and every point,

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but contribute nothing of his own. He plans well and carefully, but is dictatorial, intimidating and exploitative. He will never delegate anything, as he believes only he, or others like him, are fit to take charge. He can take small losses, because of long-range planning, but real trials are frightening.

Somewhat different is the aggressive-perfectionistic individual who is often prevented, if his perfectionistic needs are very powerful, from ever accomplishing anything at all.

The prevailingly self-effacing type is quite different. He sets his aims too low. He underrates his gifts. He is plagued by self-berating criticisms, and constantly has the feeling, "I can't." The quality of his work may not suffer, but *he* does. He may do better if he works with or for other people. In general he can work well with people, since he feels most helpless when alone. He may really enjoy a kind of work which is beneath his real capacities. But he may eventually get into speaking or writing where he begins to work at the real level of his gifts. His demands on himself will be as high as those of the expansive individual, but his self-contempt will require actual fulfillment of them, while his self-berating goes on at every instant. If he is aware of winning or of doing things well, he can become quite paralyzed. He will be hampered by a self-destructive contempt, and may at any time be seized by inertia.

Where the self-effacing trends are more chronic and more seriously inhibiting, there can be a lack of concentration, with a feeling of the mind going blank. Instead of working, this person will fritter the time aimlessly away, or doodle, until he becomes intolerably disgusted with himself and tries to work, although actually too tired. He is blocked by his self-minimizing and his inefficiency in attacking anything. He is undermined by doubts, but actually isn't aware of them. He frequently forgets. Things are not available to him when he needs them. He feels weak, with an oppressive sense of impotence and insignificance. He may be quite apologetic about his work. Feeling quite helpless about his ideas, he is full of taboos about starting

anything. Certainly, he has ideas, but he is unable to operate with them. Work actually is torment for him, being, as he is, driven by the need for ultimate perfection. The quality should be perfect and the methodology, as well. There are obviously unavoidable errors in thought, style and organization, but his self-contempt cannot bear them.

Any approval must come from others and he wants and needs approval, advice and comfort. He sees the relatedness of human beings as a long chain in which each one does something for others, never for himself. He has to tell others of his intentions, but then feels that a great deal is expected of him, and that he can't live up to these impossibly high demands. He is unable to use his own inner values and standards in his work; because of this he craves constant sympathy, appreciation and encouragement from above. Much that he tries to do ends in disappointment, humiliation, and vindictiveness. His anxiety is quelled by work, but rises again when the job is done and presented. He has his greatest difficulty if he strikes a really hard problem, if he has had some success, or if he receives severe criticism.

Although love affairs don't bring him happiness, he hopes, in earlier life, that they will and plunges into them. He flees from work difficulties into these love affairs, and alternates between work and unsuccessful attempts at love as a solution.

In the resigned type of individual, the difficulties are principally inertia and hypersensitivity to coercion. The latter may drive him to rebel against inner, as well as outer, dictates, so that he cannot ever do what he himself wishes to. He may, though, find some expression of his artistic gifts, if he has them, in a rather defiant spirit. But he is more likely to degenerate into being not much more than a rugged individualist, or simply doing everything differently than other people.

These difficulties are only understandable through studying the neurotic structure, and they can be predicted if the particular individual neurotic is well understood. Some of these conditions entail great suf-

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fering, others certainly do not, but all are alike in preventing the individual from developing in one of the essential areas of his life.

Artistic gifts occur in individuals quite independently of neurosis, but their expression can be seriously diminished by neurotic incapacity. The question of artistic work being contingent on neurosis arises frequently, but most often in the aggressive type. The expansive and rebellious types fear they may, through analysis, lose their angry, arrogant drive, and become self-effacing automatons. Along with this, they fear that they will begin to consider someone else's criticism, which might weaken their self-confidence and destroy them. They also fear they might be too content after analysis to want to bother to create. Realistically, there are sufficient sources of drive and feeling and real interest without recourse to neurotic stresses, but to be able to tap these sources, the individual must be sufficiently alive to operate in spite of conflicts.

The self-effacing individual does not have this fear of analysis endangering his ability to create. He knows too well how much his conflicts clip his wings.

Real gifts, and the desire and capacity to express them, have to be free to approach self-realization. Artists, like others, work in spite of neuroses.

CHARACTER DEVELOPMENT IN YOUNG CHILDREN. (*Norman Kelman; Mar. 22, 1950*)

Published in this issue.

A STUDY OF HUMAN RELATIONS IN A HOSPITAL. (*Temple Burling; Apr. 26, 1950*) This study is only about half completed, so this will be in the nature of a progress report, rather than a finished account. The American Hospital Association, interested in the development of supervisory training material on human relations for use in hospitals, requested the industrial sociology group at the University of Chicago to prepare such a course. The group suggested that it make a study of human relations in some hospitals before developing a course. Three hospitals in the Chicago area were

studied, chiefly from the point of view of the relations between hospital administration and medical staff. These studies showed that the hospital is a strikingly different type of organization from the industrial plant.

The American Hospital Association requested the School of Industrial and Labor Relations to undertake a study in human relations in a hospital. An endowed general hospital in Elmira (N.Y.) was selected. The study is being made by an industrial sociologist. We feel that a single study is pretty unsatisfactory because of the difficulty in determining what is general and what is unique. This hospital is unique, notably in the fact that it is in a very comfortable financial situation.

Although the hospital has a large endowed income, it is reported to be operating at a loss to the general public, the hospital employees, and the medical staff. There exists a transfer from the world of business to a different type of organization, namely the hospital, of the principle that unless the operating income is at least equal to operating expenditures, the organization is on an unsound basis. Another principle which governs the operation of the hospital is that every patient served by it should pay for what he gets, either by his own direct resources, through membership in the Blue Cross, or by application to the county relief agency for classification as a medical indigent. These considerations color the relationships all through the hospital.

The medical staff is an open one and any physician of recognized standing may be appointed. A unique problem is the relationship of the attending staff to the administration. Every employee of the hospital who deals directly with patients, and even some who deal indirectly with them, are subject to two lines of authority. The ward nurse gets orders from the hospital superintendent and superintendent of nurses. She also gets them directly from the physician. Neither the superintendent nor the physician has direct authority over the other. A large number of hospital employees are liable to conflicting orders at any time.

Why does an organization with so many

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potential friction points operate as smoothly as it does? There are two factors. One is the presence of the patient, which gives both the hospital personnel and the attending staff a common goal. When there is potential conflict between different authorities, the needs of the patient produce the desire for mutual accommodation in all concerned. A second factor in the relatively smooth operation of the hospital is that all members of the organization acknowledge a system of reciprocal obligations, rather than direct authority, to which the employees are responding most of the time.

Communication both up and down is highly important in human relations. In the hospital, upward communication is decidedly limited. Planning is very definitely at the top and orders flow downward. Reactions to changes reach the superintendent and other higher authorities in a very haphazard way. There is no formal machinery for dealing with complaints. Another aspect of human relations which is very important in the hospital is the hierarchical structure, and what it involves in status and symbols of status. There are three groups of nurses: graduate nurses, practical nurses and nurse's aides. There exist differences in uniforms, salary and hours without clearly defined differences in function. This creates resentment among those in the lower groups.

The position of the nurse in the hospital is the most touchy point in the operation at present. It is expressed in the effort to develop the new ideal in nursing: the "professional nurse." This individual is to be an administrator who will direct the actual work of the practical nurse. There is a conflict between many of the older nurses who still regard bedside care as the essence of nursing, and many university hospital trained nurses who press for the ideal of the "professional nurse." There is a development in some nurses of an almost contemptuous attitude toward bedside care.

The doctors on the staff seem to be almost completely unaware of the ferment operating within the nursing group. They are aware that they are asking the nurses to

give treatments which a few years ago were the exclusive province of the physician. But they feel that these are easily acquired techniques, involving somewhat greater responsibility, which do not essentially change the relationship of the nurse to the patient.

It is interesting, baffling, and even frustrating for a psychiatrist to be working on a sociological study. Personalities, with their needs, conflicts, frustrations, and psychic histories, react significantly to the social situation which we are studying. What is behind the marked differences in personality in the different doctors I've interviewed? Is the apparent uniformity among most nurses simply a matter of acquired mannerism, or is there a selective process which tends to gather women of similar basic personalities?

Psychiatric understanding must take into account individual differences. Social patterns are the manifestation of the behavior of individuals in groups. While that behavior is guided and directed by the institutions of which they are members, the dynamic push comes from their intrapsychic organization. We will not really understand either individual behavior or social institutions until we understand the dynamic interplay between them. Only by collaboration between sociologists and psychiatrists can this overlapping area be explored.

SOME ASPECTS OF SEX IN NEUROSES. (*Frederick A. Weiss; May 24, 1950*) Published in this issue.

Interval Meetings at the American Institute for Psychoanalysis

DUPLEXITY. (*Harold Kelman; Nov. 13, 1949*) The dictionary says "duplicity," deriving from the Latin, *duplicitas*, means "double"; also doubleness of heart or speech; deception by pretending to entertain one set of feelings and acting under the influence of another; bad faith; double-dealing. Duplexity has to do with something double, double-dealing, operating on two different sets of premises and with feeling one way

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and acting another. It explicitly connotes the notion of falsehood.

To know what we mean by falsehood, we must define what we mean by truth. To search for truth is painful and disheartening, and is preceded by a process of disillusionment. The analytic situation is one in which two people are seeking the truth. The truth of an idea is constantly dependent on the continuous process of its validation.

Since duplicity is dealing with two sets of premises, it means conflict. As long as a person is in conflict, he will be duplicitous. He will attempt solutions which are invested with values of a constructive or rational nature, and of a destructive or irrational nature. We have a central conflict between the constructive and the destructive. We also have a conflict between the values associated with compliance, aggressiveness and detachment within the neurotic structure—that is, basic conflict. An individual will be duplicitous as an aspect of conflict, and he will be duplicitous until his conflicts are resolved in reality.

The analyst's task is to help the patient become aware of his duplicity. Where duplicity shows most flagrantly is in the attempt to harmonize all three sets of values in an Idealized Image and to regard them as verified virtues to an absolute degree. Intrapsychically, the most obvious evidence of duplicity is in collaborating with the pride system while protesting a genuine desire to become healthier.

The problem of duplicity is most clearly reflected in a person's pretenses. The questions one must ask regarding duplicity are:

- 1) Is there irrational pride value put on the duplicity itself, or is the individual truly discontented with himself as he is, although he has to be duplicitous?
- 2) Is the duplicity in the service of supporting and strengthening pride-invested positions, or constructive, rational, value-laden positions?
- 3) Does duplicity come into the foreground in an analysis while a person is moving away from, or toward, self-realization?
- 4) How great an energy investment is

there in duplicity, how frequently is it used, how much of the person is taken up in duplicitous moves?

Duplicity also raises value questions as to morals, ethics, and aesthetics.

As long as we are living, we strive to be clearer about the means we use and the ends we are striving for in order that these become all the more constructive; in order that we may diminish our irrational pride in duplicity and the irrational mechanisms that necessitate it; in order that we become more and more constructively discontented with duplicity itself, and with ourselves for being in such positions that duplicity is still a necessity for survival or security reasons.

The greatest problem in analyzing duplicity is with those people in whom it is so heavily invested in pride. They are the people who violently protest their adherence to a particular set of values, who also smugly and righteously accept the idea that they represent the acme of those values. This obtains whether the values adhered to derive from compliant, aggressive or detached orientations.

The premature tackling of duplicity can be dangerous for the continuation of the analysis. The "shoulds" of such people with regard to having such qualities are very intense. The slightest evidence that they may not be absolute throws them into an abyss of self-hate. Being confronted with their duplicity too early brings them face to face with an amount of self-hate which they cannot handle. Only when they have an accumulation of constructive resources and a solid analytic relationship can they effectively face their duplicity. Regular analytic work should not be interrupted until the problem of duplicity has been thoroughly investigated, and the patient has reached the point of being genuinely discontented with the duplicity in himself, and can effectively do something about it.

RESPONSIBILITY IN NEUROSIS. (*Karen Horney; Dec. 11, 1949*) The term "responsibility" as used in psychoanalysis has several meanings. First we see it as meaning reliability in respect to fulfilling

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obligations. This capacity varies widely in different neurotic structures. Secondly, it may mean assuming responsibility for others. Here there also may be wide variations, some individuals taking too much responsibility, others far too little. Those who compulsively assume responsibility in this sense feel that by this means they ought to be able to make everybody happy. A third meaning is that of moral responsibility. Am I responsible—*i.e.*, to be blamed—for whatever I am doing or thinking, whether I am conscious of it or not? It would be senseless to blame a person for something of which he is not conscious. The neurotic, however, feels otherwise. Because of his grandiose shoulds, he holds himself responsible for whatever he has felt, thought, or done, whether he could have known it or not.

This is the dictate of an overweening pride, which demands constant self-mastery. Self-hate is also a factor in this, as is the neurotic pressure toward self-blame and self-doubt. A healthy individual may regret deeply what he has been unable to do, but the neurotic feels self-condemnation—which is something quite different. Real moral responsibility exists only where there is freedom of choice, but the demands the neurotic makes upon himself are too lofty to accept this. No matter how insuperable the difficulties, he will feel he *should* have vanquished them.

On the positive side, one of the goals of analytic therapy is the development of ability to assume real responsibility for one's self. Neurotic pride gives rise to obstacles, hounding the patient to take too much blame. The healthy individual aims only at being matter-of-fact, being truthful with himself rather than blaming others. This the neurotic cannot do because he is so alienated from himself and because he is under pressure from his neurotic "should" and his self-condemnation. One of the goals of analysis is to free him from them. One can only begin to take responsibility when one is actually aware of something. Then responsibility for one's own growth can be assumed; to be healthy, one must come to the point of wanting to do so.

MALE AND FEMALE. (*Abe Pinsky; Jan 29, 1950*) Dr. Mead's book *Male and Female*, while it does not add to our theory of neurosis, can however stimulate us to ask questions and to try to answer them. One question, for example, might be: Is it possible to envisage an optimum character structure, culturally produced, in which the potentialities of men and women arising out of their specific sexualities are utilized to the utmost? Or, we might ask: Are the defects in the present character structure of Western man due, in part, to our failure to take into account the as yet unexplored specific gifts of males as males and females as females, assuming that there are such specific gifts inherent in the two sexes? Such are the questions that arise as we read through the pages of this book which is based on Mead's extensive investigations of seven South Sea Island tribes.

Despite the author's rather heavy bias in favor of orthodox theories of development of character structure, her observations would indicate that character traits are culturally determined and not biologically fixed. For example, the initiatory rites of the tribes of New Guinea, with their symbolic imitation of female reproduction, would seem to indicate that womb envy rather than penis envy was motivating these males. Her comments on the Oedipus complex as seen through her anthropological studies are worth quoting. "Samoa culture demonstrates how much the tragic or the easy solution of the Oedipus situation depends upon the interrelationship between parents and children, and is not created out of whole cloth by the young child's biological impulses." She was able to make this statement because she saw how the child's relationship to his parents depended on how he was treated as a human being, rather than on how he reacted as a sexually differentiated creature.

As we read on, we recognize an insight which is extremely significant for us in our study of character, namely, that culture can determine in an infinite number of ways the character structure of human beings. Because, if this is true, we can then assume that culture can mute, as well as bring out,

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all kinds of potentialities in human beings. With that in mind, our present tendencies to emphasize the sameness, the identity, of the two sexes in American culture may cause us to miss out on some as yet undiscovered difference and result in our not being able to utilize to the fullest our potentialities.

From this last thought comes another one, very much akin to it. That is that in thinking holistically with regard to a theory of personality, we have to think of the total person, his body as well as his affective life, his biological endowment as well as his acculturation.

Our interest in this problem is not only academic, but very immediate and pressing. Western man, in the course of his long acculturation, has simultaneously developed the ability to destroy and construct, so that at this moment in history we are confronted with the frightening vision of a hydrogen atomic bomb. How did man get into this predicament? The answers to that question are not available yet, but I do not think it would be premature to suggest that one of the answers may be related to our failure to utilize all the possibilities of exploring the potentialities inherent in the two sexes.

CRITERIA FOR TERMINATING ANALYSIS. (*Elizabeth Kilpatrick; Feb. 12, 1950*) All analysts wish to see their patients on the road to becoming healthily integrated human beings before analysis is terminated. The definition of a healthily integrated person varies with the different analytic schools. Our criteria are defined by Karen Horney in *Our Inner Conflicts*. The healthy individual feels himself an active, determining force in his own life. He is capable of making decisions on the basis of his own genuine interests, desires and values, in accordance with external reality, and of accepting the consequences of these decisions. He assumes responsibility for his own welfare and for the development of his potentialities. He has inner independence to establish his own hierarchy of values and the courage to apply them. He is not driven by inner coercions and he is not compelled to force his pattern of life on others. He

feels responsibility toward others, who support values in which he believes. His feelings are spontaneous. He has a feeling of inner aliveness. He is able to express or control his feelings.

Being a healthy human being is a process of becoming more alive and real to oneself, in relation to work and to other human beings and the world. The goal of analysis is not to bring about something rigid and static: "I am analyzed. I am mature." But rather, "I have become able to keep moving toward an ideal, the ultimate attainment of which I shall never reach." We base our optimism in psychoanalytic treatment on the belief that everybody has an active, spontaneous, directive force within him from birth. This is expressed in consistent efforts to expand toward self-fulfillment. This directive force is the real self, an integrating life principle activating all human beings toward healthy living. The strength of the real self is measured in the ability of the individual to make constructive use of opportunities presented in his life experience, and to improve the quality of living for himself and for others. It is the force behind self-confidence, self-interest, self-respect and respect for others. Its nature is such that the more constructively one lives, the more the capacity for further constructive development.

The success of an analysis will depend on its effect in enabling the real self to gain ascendancy over the synthetic, idealized self. The termination of analysis is determined by the ratio between neurotic residuals and the strength of the constructive forces. At the beginning of analysis, the constructive forces of the real self are overshadowed by the obstructive forces of the idealized self. Nevertheless, it is the constructive forces which bring the patient to analysis, keep him coming and continually impel him to look at himself and the reality of the world around him. Obstructive forces dictate that he defend his particular philosophy of life. We find him deeply entrenched in his neurosis, believing that he needs help in reinforcing his neurotic defenses. It is on the analyst's ability to ally himself with the patient's weak constructive forces and help

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him to strengthen them that success in analysis depends. Ultimately, the patient begins to work against his neurosis as he mobilizes constructive forces more and more, and invests them in the work of analysis, encouraged by the analyst's whole-hearted efforts, his hopefulness, his sincerity and his ability to clarify issues. The real self, weak at first, gradually becomes stronger and is drawn into the work. Instead of avoiding anxiety through resort to false solutions of conflict, the patient develops tolerance for anxiety as he resolves to renounce his neurotic defenses.

The most crucial period of analysis comes when the individual sees that he must discard the pride system. By this time he has made many peripheral changes. He has experienced his alienation. The analysis has revived his constructive forces. Glimpsing freedom, he cannot go back, but he has difficulty in going ahead. Giving up the idealized image may mean giving up the only self he has known. Anxiety is greater at this time than ever before. The struggle is often of dramatic intensity. If the groundwork in analysis is carefully laid and if constructive forces are well mobilized, the patient engages in the struggle and wins through to a defeat of the synthetic idealized self. This is the fundamental turning point. The patient begins to feel himself a determining force in his own life, to take responsibility, and to work spontaneously. He does an increasing amount of self-analysis. He accepts himself and he is more accepting of others, including the analyst. These are evidences that the real self is established.

He can now do with less frequent sessions. There is more work to be done. At times obstructive forces may impede progress, but basic changes have taken place.

The length of time in analysis depends on the severity of the conditions under which the patient suffered at the beginning, the pace at which he can go, and the understanding and ability of the analyst. Analysis may be terminated when the central conflict is solved, since the individual can then work constructively alone. Termination may be arrived at gradually through

lengthening the period between sessions. In some cases a trial period is advisable, the patient returning every few months.

PHYSIQUE AND TEMPERAMENT, A THEORY OF WILLIAM SHELDON. (*Benjamin Wassell; Mar. 12, 1950*) Sheldon's theory of constitutional psychology rests on the hypothesis that the function of an organism is determined by its structure. He factored down several hundred so-called personality traits so that each trait could not further be reduced. These traits to him seemed unaffected by cultural influences as shown by the history of the individual. Three distinct nuclear groups of traits emerged which Sheldon considered three components of temperament. Temperament he defines as that level of personality which is just above physiological functioning and below acquired attitudes and beliefs, *i.e.*, where basic patterns of motivation manifest themselves.

Sheldon calls the first group of traits, or the first component of temperament, *Viscerotonia*. Here there is a functional predominance of the digestive viscera. Viscerotonics love physical proximity with others and seem to depend for survival upon superior absorption of nourishment and upon social agglutination. Here are included such traits as relaxation in posture and movement, greed for affection and approval, and orientation toward people. Many of these traits (there are 20 for each component) would fit the compliant individual of Dr. Horney.

The second group of twenty traits, called *Somatotonia*, shows a predominance of muscular activity and of vigorous bodily assertiveness. Here action and power define life's primary purpose. Included are traits like need and enjoyment of exercise, love of dominating, bold directness of manner, ruthlessness and need of action when troubled. The somatotonic, who resembles the aggressive individual of Dr. Horney, seems to depend upon powerful equipment of offense and defense. *Cerebrotonia*, the third component, shows a predominance of restraint and inhibition. The cerebrotonic represses visceral and somatic expression. He

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seems to have sacrificed both visceral mass and somatotonic strength while achieving a greater exposure and refinement of receptors. Among the twenty traits defining cerebrotonia are love of privacy, emotional restraint and tightness in posture and movement, and the need of solitude when troubled. The cerebrotonic is hyperattentional and substitutes symbolic ideation for immediate overt response to stimulation. He has much in common with Dr. Horney's detached person.

Even when Sheldon speaks of temperament, he makes constant reference to physical attributes. Thus, the cerebrotonic represses "visceral and somatic expression." It is true that he began to investigate morphology formally only after his work on temperament was well underway. But his reason for this was to further quantify and validate his findings on temperament. Hence it is apparent that Sheldon's notion of temperament is strongly influenced by structural concepts. His findings on temperament similarly must be viewed in this light. Psychoanalysis does not question that physical and emotional manifestations are related and are important to an understanding of the total response of an organism. However, Sheldon's basic premise that physique determines behavior is questionable. Further, Sheldon feels that traits of temperament perhaps cannot be influenced beyond repression. He believes "love of eating," for instance, is determined by a constitutional predominance of the gut function. A psychodynamic view of such problems as infant feeding and obesity reveals the importance of unconscious psychic factors. Psychoanalytic treatment can make unnecessary—and does remove—such traits as competitive aggression, love of privacy, inhibited social address, poor sleep habits, etc., so that one must question Sheldon's entire concept of temperament.

By studying standardized photographs Sheldon found that there were three distinct morphological components. He developed a system of measuring the strength of each of the three components in a given physique according to a seven-point scale, a procedure called somatotyping. The first

component, Endomorphy, shows massive viscera and tends toward roundness and softness. Mesomorphy, the second component, tends toward muscular development, large blood vessels and thick skin, *i.e.*, toward a predominance of somatic structures. The Ectomorph is slender and delicate with more surface area and, hence, greater sensory exposure.

Sheldon found a fairly high degree of correlation between morphological and temperamental components. He believes that together they are an inherited biological unit of which the somatype is not influenced by environment while the component of temperament is, to the extent that a trait may be repressed. While he feels that personality is determined by the original endowment and the molding influences of the environment, the effect of the latter in his sense is quite limited.

According to Sheldon, conflict may develop when there are inconsistencies between the physical and temperamental patterns. Thus an individual with little mesomorphy and with an overendowment in somatotonia (the temperamental equivalent of mesomorphy) will be carrying more aggressiveness than his physique can tolerate. Hence, some endowments inevitably lead to maladjustment. Again, some people show difficult combinations of components; a person may show too much somatotonia and cerebrotonia, aggressive and inhibiting components respectively, to permit smooth functioning. Sheldon believes that what is needed here is more "relaxing viscerotonia" and that the latter might be stimulated by over-feeding. An aggressive individual, lacking the other components as he does, must be dealt with by firm discipline, for no discipline can be expected to come from within. Such an individual needs directors who understand that he will behave according to his endowment, and that the environment can repress or encourage traits natural to him. Thus society as we know it today must be changed. While somatotonia must be disciplined, the cerebrotonic should be permitted freedom from activity which will cause him a strain. Thus cerebrotonic children should not be compelled

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to exercise or to compete with others. The viscerotonic responds least to any measures but perhaps can be trained to be more useful through discipline.

It seems obvious that the constitutional approach limits therapy to manipulation of the environment and to placing the individual in an environment which he can tolerate. There is no thought of helping the individual to become at least partly master of his environment by becoming master of himself.

Sheldon does not regard his stand as a hopeless one, for his basic premise is that physique largely predetermines how one behaves. He hopes further study of heredity and eugenics will someday not only eliminate constitutional physical disease, but also by discriminate breeding strengthen the mental fiber of man. The aim also, Sheldon believes, is to develop each individual according to the best potentialities of his own nature, while protecting him from the fatal frustration of a false *persona*. Accordingly, a constitutionally cerebrotonic person should not aspire to any life except the restricted one of a detached individual. His stand is that you are what your heredity makes you and that you can make a better adjustment only by finding a suitable environment. The implicit hopelessness for man as an individual and as a social being are obvious.

Sheldon's findings in summary are as follows. He presents detailed observations on physique and temperament, with clinical material of psychoanalytic interest. Even though his approach to temperament has a physical background, he does attempt to delineate personality types on a temperamental level. Interestingly enough, his three types of temperament correspond unmistakably to the three healthy moves and neurotic orientations of Dr. Horney. It is possible that below the psychological level of personality with which psychoanalysis works there is a substratum or core which is temperament. Sheldon has a vague realization that culture influences personality and that environmental influences are involved in psychologic conflict. He senses further that conflicting tendencies, albeit on a

temperamental level, prevent integration. On the other hand, Sheldon's theory and psychology, rooted as they are in hereditary and static concepts, leave no room for change in the individual—no possibility of growth and freedom from conflict. A person is what his physique dictates and some physiques lead inevitably to strain, regardless of environment. Therapy resolves itself to the hopeless measure of making external adjustments. There is complete lack of awareness of unconscious forces and their influence on human motivation. Sheldon fails to recognize that society and environment are nothing more than individuals in the aggregate, that society can only be changed when individuals change. His application to man of principles of animal breeding reveals how hopeless he is of man's becoming master of his environment through his own efforts. This hopelessness stems from his basic premise that structure determines behavior, the cornerstone of constitutional psychology.

THE PROBLEM OF ANXIETY. (*Harry Gershman; Apr. 23, 1950*) Anxiety is the dynamic core of neurosis. Its peripheral manifestations as to form and intensity are almost infinite. The paper focuses on some of the mainsprings of anxiety.

Anxiety can be divided into two categories—the manifest and the hidden. Where it is manifest, it assumes a familiar pattern. Where hidden, however, its presence can be detected by peripheral symptoms which may have no direct relationship to anxiety.

Freud accurately worked out the relationship between anxiety and symptom formation. He was able to trace the source of peripheral anxiety back to some deeper common denominator. Because of his genetic orientation he preferred to see all adult anxiety as the invariable derivative of a prototype experience of early infancy. He concluded that the basis of anxiety in the male was the Oedipus complex, with its castration fear, which is considered the most frequent and strongest motive for repression. In the psychology of women, Freud substituted the loss of love as a continuous

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fear which brings about repression. Thus the cornerstone of male psychology is castration fear and of female psychology penis envy.

Our difference with Freud as far as anxiety is concerned is his ultimate placement of its source. It is difficult to believe that women, specifically built for female biological functions, should have, by nature, a psychological inferiority. The source of anxiety should be pushed back to a point that transcends this dichotomy of maleness and femaleness. Dr. Horney has given us the tools by which we can do this. With this newer orientation, a few fundamental concepts must be reviewed. Anxiety comes from two sources: disturbances in interpersonal relationships, and disturbances in intrapsychic relationships. The relationship between the two is one of a dynamic equilibrium. The human infant is the most helpless of all living mammals. Its security is utterly in the hands of others during the first five or six years of its life. The friendliness of this early environment is paramount in the development of the child. A tense, hostile, threatening environment will provoke profound fear and helplessness or anxiety. It is the atmosphere of the environment that molds the character structure of the child and not merely his bowel or sexual habits. Basic anxiety in the child drives him toward developing techniques to insure his safety in the environment. From a certain predominant, specific trend, whether it be aggressiveness, detachment, or compliance, he will develop a host of inhibitions, values and sensitivities to help him cope with his environment. Whenever these techniques or defenses break down, anxiety is sure to appear. While external attempts at achieving safety are made, internal changes are taking place simultaneously. The child first learns about himself through the eyes of others. If he is brought up in an environment in which he is unaccepted, and held in disrespect—whether explicitly or implicitly expressed—the child will develop antipathy and hatred for himself. To avoid this, he creates a compensatory structure, a pseudo-identity or idealized image. In this pseudo-identity

all the strategies and techniques by which the individual has escaped anxiety in dealing with others are glorified. He is compliant not only because he is afraid to be any other way, but because kindness, gentleness and appeasement are identified with being noble.

The idealized image comes into being through dire necessity. It is not a whim, nor is it created in a moment of caprice for purely cosmetic reasons. Rather, it comes into existence in an amorphous fashion, gradually solidifying and crystallizing through trial and error. Each idealized image has unique significance for the individual. It is not biologically determined, but is a precipitate of the person's life experience in dealing with himself and others.

As the person's defenses consolidate in specific patterns or trends, he becomes more and more closely identified with them. His free, spontaneous feelings and ideas are pushed into the background. The idealized image is the concretization of the person's defenses into an integrated whole, and it comes to have a life of its own. It becomes the epitome of the defense system. The defense system leads to the creation of the idealized image and the idealized image integrates the defense or pride system.

From the above we begin to understand the sources of anxiety. When any of the defenses of a person are tampered with, he will experience anxiety, the intensity of which is in a large measure proportionate to the value that he has given to this particular defense. Inasmuch as the whole defense system is concerned with the support and defense of the pseudo-identity, the total amount of anxiety in a patient will be proportionate to the discrepancy between the pseudo-identity and the real identity of the person.

We can now contrast our orientation with Freud's. Freud saw the problem of anxiety as emanating from three sources: the id, or instinctual life; the super-ego, or psychological incorporation of the father threat of castration, and reality. We do not agree that anxiety arises purely instinctually. Our basic premise is that basic anxiety is a psychological phenomenon originally stem-

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ming from pathological interpersonal relationships. It is not biologically determined. We believe every human being not born defective, and given adequate and real, meaningful relationships, can grow up to be psychologically healthy. Freud's second source of anxiety, that stemming from the castration complex, also carries with it implications of a biological, genetic, sexual origin that we cannot agree with. He differentiates development of personality in male and female which, to our way of thinking, is not corroborated by fact. His third point, that anxiety stems from the outside, we can agree with, but for different reasons. The neurotic is fearful and anxious in relation to other people not because of castration fear, but because of their unwillingness to recognize his pseudo-identity or to cater to his defenses.

In conclusion, therefore, we believe that the total anxiety in a person is a measure of the discrepancy between the idealized image and his real self. This discrepancy is maintained by the pride system. To the extent that this pride system is ineffective, to that extent will he experience anxiety in its multitudinous forms. Anxiety may appear in the open, undisguised; more often it is hidden behind symptoms. Our aim in therapy is not simply to remove symptoms, but to reduce the discrepancy between the idealized image and the real self. As this occurs, the tension potential drops. This is reflected throughout the whole defense-pride system which is supporting it. Our goal in therapy is to help the person accept himself completely and without illusions. Only then is the main source of anxiety abolished.

THE SELF AND THE PROCESS OF INTEGRATION. (*Antonia Wenkart; June 11, 1950*) The self is the basic, constant nature of an individual plus all that is conditioned by time and space and that is changeable. Self comes into being when inherited faculties, perhaps pre-determined talents, build a nucleus on which, and in which, and around which experiences are integrated into the uniqueness of the individual. The whole is greater than the core; the whole consists of the sum total of life experiences which are con-

stantly being integrated by the self into the whole personality from birth to death.

The self is a being, an element with qualities and potentialities. Integration is a process. Potentially the self is able to integrate. This ability includes constancy and stability, together with changeability. Further, the self has the ability to eliminate and to take a panoramic view of the whole personality. How can constancy and changeability coexist in the self? How can an element which is changing remain basically constant? This is achieved by the process of integration which aims at maintaining wholeness.

Integration indicates an unimpaired wholeness entirely corresponding with the original condition. The term integration has to be preserved for healthy growth. It entails the assimilation and addition of the essential and the authentic, and the elimination of the unessential, strange and harmful. A neurotic individual who feels split apart by his conflicts and suffers discomfort from his feelings of segmentation and disconnectedness will strive for inner unity. He can bring about a feeling of unity, but we cannot speak of an integration of conflicts. Within the neurotic structure conflicting trends may be unified, but they can never be integrated into the real self. They weaken the power of integration inasmuch as they go contrary to the vital interests of the real self. The process of healthy growth is not identical with that of unification. The counterpart of unity is disunity, which the neurotic strives to counteract with his defenses. The counterpart of integration is disintegration. To the extent to which the individual is in a state of inner disintegration, he is emotionally dead. Integration creates solidity, while unity, at best, brings about rigidity.

The self, with its integrating and organizing power, survives and coexists with the disintegrating neurotic processes. This is most clearly illustrated in the case of a great genius who continues to create in spite of unhealthy elements in his personality. The same obtains in individuals of smaller stature and more limited scope. The expansive type will react to life experience with

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enormous over-productiveness at the expense of solid integration of the self. The predominantly self-effacing individual will take his experiences, will munch on them underground, so to speak, and will not be able to bring the integrating material into the focus of his attention and into fruition. The resigned type tries to remain untouched by life and to by-pass integrating it with the real self. In expansive individuals the ability to integrate assumes spastic qualities, recklessly aboveboard. In the self-effacing type, it also has a spastic quality, but remains underground. In the resigned type integration has an atonic quality.

In the process of integration we distinguish many sequences, acts and stages. It is the general state of integration which determines the choice of experience, which evaluates its incisiveness and which influences the depth of the experience. Given a healthy person, an experience grows and deepens from a sensory perception, to general impression, to an all-round, three-dimensional inner experience. It is added to the existing content and integrated into the whole. Neurosis can interfere with this process and this natural sequence at any point. When there is a great stress on feeling, integration occurs in the manner of spontaneous combustion. The ability to observe, take quiet possession of an experience and to appreciate its real significance is deficient. The expansive individual who is out to compete, exploit and dominate will observe in tremendous detail, show great astuteness, and organize his experiences, but does not reach the fullness and depth of an inner emotional experience. He stops short of anything which is not expedient for mastery of his environment. Weakness in integrating power is shown also in a tendency to judge an experience only by what the individual himself feels or does or says; or in eliciting

responses from others in order to discover his own feelings; or in experimenting with others or with a situation to test his own feelings.

An important factor in integration is the elimination of the non-essential, the useless, the harmful. By non-essential, I mean petty experiences on the periphery of life that add nothing to its richness. The useless is the obsolete, which may have had meaning at one time, but has no meaning in a present integration. The harmful is directly and actively opposed to growth and maturation. The real self discards whatever does not contribute to its strength and fulfillment. Integration and integrity are closely akin to one another.

Another characteristic of the real self is the ability to take a panoramic view of the entire personality. It is only in wholeness that the personality becomes accessible to full view, honest self-observation, self-evaluation and judicious responsibility. This ability is best preserved in detached individuals, although in them there may be a morbid element, insofar as they tend to avoid active participation in life. The healthy person observes himself with self-interest, and where something is beyond his comprehension he may experience a feeling of awe. But to the detached individual, the unknown in himself fills him with fear.

The power of integration promotes self-realization and is essential for self-fulfillment. Strange elements in the personality, pretense and distorted values spoil the integrity and originality of the individual. They are a hindrance to self-realization and make self-fulfillment impossible. In striving for the goal of self-realization, no one part of the self takes precedence. Goldstein says: "All parts have an equal claim upon a certain center which manifests its existence in a harmonious relationship of the parts."

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The Association for the Advancement of Psychoanalysis

To appreciate how the Association seeks to fulfill its purpose of advancing psychoanalysis, this report should be read in conjunction with the reports of the American Institute for Psychoanalysis, the Candidates Association, and the Auxiliary Council of the Association.

Our program of lectures at the New York Academy of Medicine contained contributions representing our work toward that end. Expanding interest in our presentations resulted in overflow audiences, which necessitated a move toward limiting the attendance. Mindful of our responsibility to our colleagues in the field of medicine, particularly psychiatric medicine, we limited attendance to the medical profession. Our colleagues in the social sciences and allied fields continued to attend by invitation. The exclusion of the lay public, except for members of the Auxiliary Council, was counterbalanced by a more extensive program of lectures to the general public and to various educational, parent-teacher, religious and social organizations.

At the Detroit meeting of the American Psychiatric Association, the members of the Association organized and participated in a Round Table Discussion on "Psychoanalysis and Character Development of Children." This attracted a large and interested audience. This increased participation in the program of the parent body, the American Psychiatric Association, has coincided with a movement toward closer integration with our psychoanalytic colleagues abroad. A Foreign Relations Committee has been

formed which will serve as a further means of cross-fertilization of ideas and psychoanalytic concepts.

The Association inaugurated a Group Therapy program, planned to make therapy available and financially possible to many persons who might not otherwise be able to get treatment. The Association is participating in a movement in psychoanalysis which will help to relieve one of the most urgent problems of the day—the psychotherapeutic bottle-neck. Our Group Therapy program is undertaken as a scientific research project. The information and experience thus gained will contribute toward formulating principles and techniques in conducting analysis of groups of individuals, as contrasted with individual analysis.

The Association's publication, *The American Journal of Psychoanalysis*, has maintained its circulation. New ways are being considered for making this journal available to a wider audience. The Association Bookshop, operated by the Auxiliary Council, has proven an important means of widening our sphere of psychoanalytic influence through distribution of our publications and pamphlets, as well as other publications of general psychiatric and psychoanalytic interest.

Grateful appreciation is extended to Mr. Cornelius Crane for his financial support in the past two years in the amount of \$12,000. We wish to express our appreciation also to those who have supported the Association in other ways, with their time, their thought and their energies—particularly to the members of the Auxiliary Council. Finally we wish to acknowledge the important part played by our new associate

members and by candidates in the Institute who, as the records show, have assisted in carrying out the policies and aims of the Association through their participation in the administrative work and in the whole educational program.

—ALEXANDER REID MARTIN, M.D.
President

The Auxiliary Council to the Association

ACAAP has gone forward in the past year with its effective program of public education in psychoanalysis. Its success was made possible by its ability to learn from a now considerable fund of experience. Innovations were made and more are projected for the coming year.

The season opened with the Dean's Party on October 9, 1949 at the George Washington Hotel. This occasion, sponsored annually by ACAAP, enables wives, husbands and friends of members of the four participating organizations to come to know each other better. The four groups are ACAAP, the Institute, the Association and the Candidates Association of the Institute. The theme of the afternoon's talk was "Growth Through Participation." The speakers were Miss Minerva Ellis, Drs. Karen Horney, Alexander Reid Martin and Harold Kelman. About 900 persons attended.

The popularity of ACAAP's seminars has increased. The seminar "Literary Figures in the Light of Modern Psychoanalysis" was such a success that two more such seminars are planned. The average attendance for the five seminars was more than 60. The other four were:

"Dr. Horney's Theory of Neurosis." Dr. Isidore Portnoy.

"Marriage Problems." Dr. Bella S. Van Bark.

"Child-Parent Relations." Dr. Norman Kelman.

"Sex in Neurosis." Dr. Frederick A. Weiss.

At the Henry Hudson Hotel, the paid lectures given on the first Tuesday of each month have shown a further decrease in attendance. A critical evaluation of this trend has resulted in a number of changes in pol-

icy with a view of bringing this series back to its former high level of popularity.

Lectures given this year were:

"Harmony in Marriage" (Dr. Bella S. Van Bark, October 4, 1949); "Healthy and Neurotic Attitudes toward Money" (Dr. Eleanor Crissey, November 1, 1949); "Frigidity in Women" (Dr. Abe Pinsky, December 6, 1949); "The Suspicious Person" (Dr. Morris Isenberg, January 10, 1950); "The Fear of Insanity" (Dr. Hugh Mullan, February 7, 1950); "Modern Attitudes toward Women" (Dr. B. Joan Harte, March 7, 1950); "Healthy Parent-Child Relationships" (Dr. Frederick J. Wertz, May 2, 1950).

In cooperation with the Association, ACAAP also sponsored a symposium on "Psychoanalysis and Moral Values" at the Henry Hudson Hotel on April 5, 1950. (See Page 61). Doctors Karen Horney, Muriel Ivimey, Alexander Reid Martin and Frederick A. Weiss were participants. Dr. Harold Kelman was moderator. The success of the symposium is indicated not only by the attendance of over 900, but by the audience response and the publicity it received.

With its first broadcast over radio station WNYC on March 1st, 1950 (and thereafter on each Wednesday at 4 p.m.), ACAAP entered a new medium in its program of public education. For this opportunity it is much indebted to Mr. Seymour Siegel, director of the station. Broadcasts consist of recordings of ACAAP's pamphlets, of which there are now 43. By the close of the season fourteen talks will have come over the air. At the end of each broadcast a copy of the talk given is offered gratis to those who write in. The average response to date has been about 175. It is planned to resume this program in the fall and continue it through the year.

The radio program, advertisements in well-known national magazines and large city newspapers throughout the country, and the publicizing of new lists and contacts with syndicated columnists have increased and widened circulation of ACAAP's summaries. An increase in the sale of ACAAP's other publications and in its membership were other good results of this campaign.

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With all these additions and changes, ACAAP has continued with its regular functions: The monthly issuing of the *ACAAP Record*; the orientation meetings for new members; the monthly discussion groups conducted for members and participated in on each occasion by three analysts; and the maintenance of the lecture bureau through which over 80 different lay groups were addressed by analysts of the Institute.

—Harold Kelman, M.D.

Chairman, Liaison Committee

—Isidore Portnoy, M.D. (*Chairman*)

—Norman Kelman, M.D.

—Hugh Mullan, M.D.

—Sidney Rose, M.D.

Candidates Committee

American Institute for Psychoanalysis

Board of Trustees

The President has the honor to submit the first annual report of the operations of the Institute under its new constitution completed and approved on June 15, 1949. Within this past year the Board held eleven meetings and called four meetings of the membership of the Institute. The membership on that date consisted of the following:

1) Members: Doctors Karen Horney, Muriel Ivimey, Harold Kelman, Elizabeth Kilpatrick, and Alexander Reid Martin.

2) Associate Members: Doctors Valer Barbu, Paul Lusheimer, Frederick A. Weiss and Antonia Wenkart.

3) Auxiliary Members: Doctors Sara Breitbart, Eleanor Crissey, Ada C. Hirsh, Norman Kelman, Emry Metzger, Hugh Mullan, Julius Nelson, Isidore Portnoy, Ralph Rosenberg, and Bernard Zuger.

Up to December 1946 and from the date of the founding of the Association for the Advancement of Psychoanalysis in May, 1941, the Institute had operated under the auspices of the Association. In order to make it possible for veterans to receive the benefits of the G.I. Bill of Rights (Public Law 346) to be used toward their training, the Institute became a separate corporation in December 1946 and was granted a provisional charter by the Board of Regents

of the University of the State of New York. Under Section 22 of the Commissioner's Regulations, the course of study offered by the Institute was approved for a period of five years.

The interim Board of Trustees that formed the corporation and asked for and received the provisional charter were Doctors Valer Barbu, Karen Horney, Charles R. Hulbeck, Harold Kelman, Elizabeth Kilpatrick, Muriel Ivimey, Alexander Reid Martin, Paul Lusheimer and Frederick A. Weiss. They elected the following pro-tem officers: Dr. Harold Kelman, president; Dr. Elizabeth Kilpatrick, vice-president; Dr. Valer Barbu, secretary; Dr. Frederick A. Weiss, treasurer. The Board then elected Dr. Karen Horney dean and Dr. Muriel Ivimey assistant dean, both pro-tem. The constitution formulated by this board was accepted on June 15th, 1949, after which the Interim Board of Trustees was dissolved.

At the first annual membership meeting on June 15, 1949 a new Board of Trustees and standing committees were elected. The new Board consisted of Doctors Valer Barbu, Frederick A. Weiss, and Antonia Wenkart for one year; Doctors Muriel Ivimey, Paul Lusheimer, and Alexander Reid Martin for two years; and Doctors Karen Horney, Harold Kelman, and Elizabeth Kilpatrick for three years. Doctors Isidore Portnoy (*Chairman*), Norman Kelman, and Bernard Zuger were elected to the Membership Committee and Doctors Elizabeth Kilpatrick (*Chairman*), Alexander Reid Martin, and Paul Lusheimer were elected to the Grievance Committee.

At a meeting of the Board on that same day it elected Dr. Harold Kelman president; Dr. Muriel Ivimey, vice-president; Dr. Elizabeth Kilpatrick, secretary; Dr. Frederick A. Weiss, treasurer; all for one year. They also elected Dr. Karen Horney dean, Dr. Muriel Ivimey associate dean for three years and Dr. Paul Lusheimer assistant dean for one year. Dr. Karen Horney, by constitution and election, Dr. Muriel Ivimey by motion, and Doctors Harold Kelman and Elizabeth Kilpatrick by election were to constitute the Faculty Council until April 30, 1952.

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At a meeting of the Board on September 21, 1949, the treasurer presented the annual financial report prepared by Jassy and Company, the accountants for the Institute. The president presented a report on the state of the Institute's physical plant.

The recommendations of the Faculty Council that Dr. Sara Breitbart be appointed a provisional training analyst and that Dr. Frederick A. Weiss be appointed a provisional supervising analyst were approved. The Board approved the curriculum of the Institute as prepared by the Faculty Council and also the following in their respective capacities.

1) Lecturers: Doctors Valer Barbu, Sara Breitbart, Karen Horney, Muriel Ivimey, Harold Kelman, Elizabeth Kilpatrick, Paul Lusshimer, Alexander Reid Martin, and Frederick A. Weiss.

2) Associate Lecturer: Doctor Antonia Wenkart.

3) Assistant Lecturers: Doctors Eleanor Crissey, Louis E. DeRosis, Harry Gershman, Ada C. Hirsh, Norman Kelman, Emy A. Metzger, Hugh Mullan, Isidore Portnoy and Nathan Freeman.

4) Guest Lecturer: James G. Clapp, Ph.D.

At its November 13, 1949, meeting, the Board accepted with regret, Dr. Paul Lussheimer's resignation as Assistant Dean for reasons of health. It approved the recommendation of the Dean that Dr. Norman Kelman be appointed Assistant Dean, his term to run until April 30, 1950.

The resignation of Dr. Valer Barbu as a member of the Board was accepted with regret at its meeting on December 11, 1949. A retirement plan for Miss Frey, Registrar, was approved and became operative on January 30, 1950. In response to a communication from the Association, the Board agreed to cooperate in a plan for group analysis in which approved senior candidates were to participate.

The report of the Professional Relations Committee of the Candidates Association was approved at the meeting of January 29, 1950. This committee had formulated an excellent program for publicizing the work of the Institute and Association which it has since expanded and effectively carried for-

ward. At the February 12, 1950 meeting the President appointed Dr. Norman Kelman as liaison member to the Candidates Professional Relations Committee. With the co-operation of the Association, the Institute arranged that all requests for therapy coming to the Institute or Association be taken care of according to the procedures of the Candidates Referral Committee.

At a special membership meeting which followed, Dr. Norman Kelman was elected to be a trustee until April 30, 1950.

On February 12, 1950 the Board moved in favor of training foreign students and began discussion of means by which this could be effected. At the April 23, 1950 meeting the president appointed Dr. Norman Kelman to gather information from Unesco and investigate possibilities relative to our interest in training foreign students.

At the Annual Membership meeting on April 23, 1950, the president, treasurer and dean read interim annual reports, to be presented in full before October 30th of this year. The membership and grievance committees read their respective reports. At the elections which followed Doctors Nathan Freeman, Norman Kelman, and Frederick A. Weiss were elected as trustees to serve for a period of three years. The membership and grievance committees were reelected to serve for one year.

At the Annual Board of Trustees meeting which followed, the Board approved the recommendations of the Faculty Council that Dr. Ada C. Hirsh be appointed as a provisional training analyst and the recommendation of the Dean that Dr. Norman Kelman be appointed Assistant Dean, his term of office to run to April 30, 1952. In keeping with its policy of encouraging continued growth through participation and learning, the Board moved that "all graduates who are members (including associate and auxiliary categories) of the Institute be admitted to all Institute courses gratis. The Board elected as its officers for the coming year, Dr. Harold Kelman, president; Dr. Muriel Ivimey, vice-president; Dr. Elizabeth Kilpatrick, secretary, and Dr. Frederick A. Weiss, treasurer.

Although the Institute's fiscal year ends

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as of May 31st, the meeting of June 11th is included in this report because the business it conducted would have been included in a May meeting which had to be omitted and because much of that business is relevant to work begun and completed in this year. At this meeting the Board accepted with appreciation the \$350 gift of the Candidates Association to the Institute. It approved the recommendation of the Faculty Council that Dr. Paul Lusheimer be appointed a provisional training analyst. On advice of the Institute's attorney, Mr. Norman Winer, that a clinic could be legally formed under Chapter 567 of the laws of the State of New York, 1950, the Board approved the formation of such a clinic. To implement this project, the President named Dr. Norman Kelman chairman of the Clinic Committee.

The Board approved the following recommendations of the Faculty Council as instructors for the academic year 1950-1951:

LECTURERS: Dr. Valer Barbu, Dr. Sara Breitbart, Dr. Ada C. Hirsh, Dr. Karen Horney, Dr. Muriel Ivimey, Dr. Harold Kelman, Dr. Elizabeth Kilpatrick, Dr. Paul Lusheimer, Dr. Alexander R. Martin, Dr. Frederick A. Weiss, Dr. Antonia Wenkart.

ASSOCIATE LECTURER: Dr. Bella S. Van Bark. **ASSISTANT LECTURERS:** Dr. Eleanor Crissey, Dr. Nathan Freeman, Dr. Harry Gershman, Dr. B. Joan Harte, Dr. Emy Metzger, Dr. Hugh Mullan, Dr. Geoffrey F. Osler, Dr. Abe Pinsky, Dr. Joseph Volmerhausen, Dr. Bernard Zuger.

GUEST LECTURERS: Dr. Norman Kelman, Dr. Isidore Portnoy.

—HAROLD KELMAN, M.D.
President, Board of Trustees

The Dean

This is the first year in which the American Institute for Psychoanalysis has been administered according to the provisions of the new constitution. As Dean of the Institute and Chairman of the Faculty Council it is my duty and privilege to present the following report on the state of the Institute and the main activities of the Faculty Council during the past year.

The number of candidates in training has increased from 51 in 1948-'49 to 63 in 1949-

'50; the teaching staff has increased from 20 to 24 in the same period; the training analyst staff from 7 to 10. In respect to admission of new candidates we have brought into clearer focus the desirability of a more careful study of the personality qualifications of applicants. In the case of candidates who are well advanced in their training, we are giving more careful consideration to their work in the academic courses and their progress in analysis. This enables us to offer qualified candidates opportunities to participate in the teaching program.

In the past year we have extended this policy to include the appointment of senior candidates to associate and assistant lectureships in some of the advanced technical courses under the supervision of full lecturers. This policy has the long-range intention of building up the teaching staff and of relieving the senior pioneer members of some of their heavier responsibilities. It permits the repetition of certain required courses at shorter intervals, thus expediting the whole course in training. In addition, we feel it is important that classes be small in order to allow more thorough discussion of material and fuller and freer participation. A larger teaching staff also permits the introduction of new courses which serve to broaden the teaching program.

The course, Theory of Neurosis, given in the fall semester last year, was reorganized to include new developments in Horney's theory of neurosis. The same material was presented for the first time in an elective course at the New School for Social Research in the spring semester. This course was conducted by a senior candidate under the planning and guidance of the Faculty Council.

Clinical Conferences were improved through closer attention to the preparation of case material. Candidates were requested to present their material to the instructors in advance of the conferences in order to insure a clear and well-organized account of the case and the work of analysis; and in order for the instructors to prepare themselves with a full grasp of the material, a plan of discussion and a clear focus on outstanding technical problems. It was the

general opinion that the course was made more profitable by this means. The course, Philosophy and Psychoanalysis, given for the first time last year, was generally considered to be of great value in clarifying basic philosophical premises in our system of thought.

The work of the Faculty Council is being facilitated by the services of an Assistant Dean. Many applications have been received and passed upon; fifteen of the applicants were accepted. The curriculum for the coming year has been formulated to consist of seventeen courses, twelve required courses and five elective, as compared with fourteen courses in the previous year's curriculum. We are introducing a new course on Psychoanalysis of Children, as an elective, in which there will be a special focus on methods of individual treatment.

—KAREN HORNEY, M.D.

Candidates Association

The membership of the Candidates Association has grown from 51 to 63 in the past year. Currently the breakdown is 32 Juniors and 31 Seniors.

The following account of our activities shows the role we have played in the affairs of the Institute, the Association, and ACAAP. Six candidates participated in various courses given at the Institute. At the New School, two courses were conducted by six candidates. These courses involved a total of nine different candidates.

In the monthly scientific meetings of the Association at the New York Academy of Medicine, two candidates presented original papers and six candidates participated as formal discussants. In addition, four candidates offered original material at the Association Interval Meetings.

Participation with ACAAP has been carried out through our Liaison Committee and our Speakers Committee. Members of the Liaison Committee have regularly attended the monthly meetings of the ACAAP Executive Committee. Six of the seven Henry Hudson Lecture Series were given by candidates, and six candidates conducted in whole or in part three of the ACAAP-sponsored seminars. The Speakers Commit-

tee arranged for the participation of twenty five candidates at the monthly meetings of ACAAP.

During the past year 24 candidates lectured to lay and professional groups for a total of 58 individual appearances.

In addition to the above activities, this year has seen several changes in our internal organization. The Course Evaluation Committee, the Referral Committee and the Professional Relations Committee, were made Standing Committees. These reflect the growing maturity of our group within the framework of the Institute-Association-ACAAP triad. The Course Evaluation Committee has continued the work of evaluating and reporting to the Faculty Council the responses and suggestions of the candidates regarding Institute courses. The Referral Committee has experimented with various plans for handling applications for analysis made through the Institute in order to provide better service to the community and to the members of our group. The Professional Relations Committee has begun this year an active program of informing candidates of meetings of other psychiatric groups, submitting announcements of our own professional meetings to psychiatric publications, and laying the groundwork for the more active involvement of our group in medical and psychiatric organizations.

We have continued to publish our monthly Bulletin, and the Library Committee has handled additions to our Library from funds allocated by the treasury. The House Committee has taken charge of our Annual Dinner and the collation following business meetings.

This year our general program has been devoted to problems of an intra- and inter-organizational nature. There has been a marked expansion of our service to the Institute and ACAAP, and through this to the community. The increasing size of our group has given added personnel for responsibilities already assumed, and a more mature spirit has opened up new possibilities for constructive expansion.

—NORMAN KELMAN, M.D.
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